National Library of Canada
Bibliothèque nationale du Canada

Canadian Theses Service
Service des thèses canadiennes

Ottawa, Canada
K1A 0N4

NOTICE

The quality of this microform is heavily dependent upon the quality of the original thesis submitted for microfilming. Every effort has been made to ensure the highest quality of reproduction possible.

If pages are missing, contact the university which granted the degree.

Some pages may have indistinct print especially if the original pages were typed with a poor typewriter ribbon or if the university sent us an inferior photocopy.

Reproduction in full or in part of this microform is governed by the Canadian Copyright Act, R.S.C. 1970, c. C-30, and subsequent amendments.

AVIS

La qualité de cette microforme dépend grandement de la qualité de la thèse soumise au microfilmage. Nous avons tout fait pour assurer une qualité supérieure de reproduction.

S'il manque des pages, veuillez communiquer avec l'université qui a conféré le grade.

La qualité d'impression de certaines pages peut laisser à désirer, surtout si les pages originales ont été dactylographiées à l'aide d'un ruban usé ou si l'université nous a fait parvenir une photocopie de qualité inférieure.

La reproduction, même partielle, de cette microforme est soumise à la Loi canadienne sur le droit d'auteur, SRC 1970, c. C-30, et ses amendements subséquents.

NL-339 (r. 88/04) c

Canada

THE UNIVERSITY OF ALBERTA

EVALUATION OF WETOKA HEALTH UNIT'S HOME CARE PROGRAM

by

HALLAM F. BOWEN

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE

OF MASTER OF EDUCATION

IN

ADULT AND HIGHER EDUCATION

EDMONTON, ALBERTA

SPRING, 1989

National Library of Canada
Bibliothèque nationale du Canada

Canadian Theses Service
Service des thèses canadiennes

Ottawa, Canada
K1A 0N4

The author has granted an irrevocable non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of his/her thesis by any means and in any form or format, making this thesis available to interested persons.

L'auteur a accordé une licence irrévocable et non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de sa thèse de quelque manière et sous quelque forme que ce soit pour mettre des exemplaires de cette thèse à la disposition des personnes intéressées.

The author retains ownership of the copyright in his/her thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without his/her permission.

L'auteur conserve la propriété du droit d'auteur qui protège sa thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

ISBN 0-315-52884-2

Canada

Box 683
Ponoka, AB
Canada
T0C 2H0
Oct. 7, 1988

Longman Inc.
95 Church Street
Whiteplain, N.Y.
10601
U.S.A.

Dear Sir/Madam:

I am a Master's Student in the Department of Adult and Higher Education at the University of Alberta, Edmonton, Alberta Canada. I have conducted an evaluative study in a Health Service Program in the province of Alberta, and have chosen to use the Stake Model (The Countenance Model) of Educational Evaluation (1967) as a framework for my study. I would like to include the Model which appears on page 131 of the following Text in my Thesis:

Educational Evaluation:		Alternative Approaches and Guidelines
Authors	:	Worthen Blain R. and Sanders James R.
Publisher	:	Longman Inc, Whiteplain, N.Y. 10601
ISBN #	:	0-582-28551-8

I assure you that this permission is being sought for use only in my Thesis which I do not plan on publishing. Thank you.

Sincerely,

Hal Bowen
M. Ed. Student

We would be pleased to have you use the above material as requested. We ask that you give appropriate acknowledgment to the source, including title, authors and Longman as publisher. Thank you for writing and good luck with your thesis.

Laura McCormick

Laura McCormick
Manager, Rights & Permission

THE UNIVERSITY OF ALBERTA

RELEASE FORM

NAME OF AUTHOR: Hallam F. Bowen

TITLE OF THESIS: Evaluation of Wetoka Health Unit's Home Care Program

DEGREE FOR WHICH THESIS WAS PRESENTED: Master of Education

YEAR THIS DEGREE GRANTED: 1989

Permission is hereby granted to THE UNIVERSITY OF ALBERTA LIBRARY to reproduce single copies of this thesis and to lend or sell such copies for private, scholarly, or scientific research purposes only.

The author reserves other publication rights, and neither the thesis nor extensive extracts from it may be printed or otherwise reproduced without the author's written permission.

(Signed) . . . . . .

PERMANENT ADDRESS:

6206 - 51 Avenue
Box 683
Ponoka, Alberta
T0C 2H0

Dated . . April 7, . . , 1989

THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled "Evaluation of Wetoka Health Unit's Home Care Program," submitted by Hallam F. Bowen in partial fulfillment of the requirements for the degree of Master of Education.

E. Ratsoy

Dr. E. Ratsoy, Supervisor

James M. Small

Dr. J. Small

A.K. Deane

Professor A. K. Deane

Date: April 7, 1989

Abstract

This study was designed to evaluate the Coordinated Home Care Program of the Wetoka Health Unit in order to ascertain types and quality of care, program strengths, and areas requiring improvement.

Three questionnaires were designed and personally distributed to 60 randomly chosen Home Care clients, all 35 members of the Home Care staff, and 21 randomly chosen Support Services staff members, full-time and part-time. All three instruments requested information on personal and program variables and sought open-ended responses on best features of, serious weaknesses of, and suggestions for improving the services in the program. The client questionnaire asked respondents to rate the various program services based on their past and present experiences with the services. The Home Care staff instrument asked respondents to rate 13 client-related and staff-related program goals both on actual degree of emphasis given to each and on preferred degree of emphasis. In addition, a satisfaction item was included. The Support Services instrument asked respondents to rate 10 client-related program goals both on actual emphases given and on preferred emphases, and to report their levels of satisfaction for five different aspects of the program.

Frequency and percentage-frequency distributions were used to summarize the personal, professional, and situational data. Data for fixed response items were summarized using mean scores, rankings, and differences between the mean scores for the actual and preferred responses.

Analysis of the data revealed that, with the exception of a small number, the majority of Home Care clients were highly satisfied with the

program. High frequency of use services were Nursing Services and Personal Care Services. Those services having the lowest frequency of use were Handyman Services and Meals on Wheels. Both the Home Care staff and Support Services staff indicated that there should be more done to help the terminally ill or handicapped, promote community awareness of the program, and provide better working conditions for the staff. Both groups also had similar opinions regarding the best features of the program, serious weaknesses of the program, and suggestions for improving the program. The best features of the program as identified by the three categories of respondents were a loving and caring staff, professional dedication and good sense of responsibility of staff, and helping the client to remain at home. Serious weaknesses included poor communications between doctors and care providers, unnecessary paperwork, and very little contact time spent with clients. Suggestions for program improvement included better lines of communication between doctors and staff, and better funding from the provincial government.

Acknowledgements

I would like to acknowledge my indebtedness to Dr. E. Ratsoy, the study supervisor, for his remarkable guidance and encouragement throughout the study. The advice received from the other committee members, Dr. J. Small and Professor A. K. Deane, is also appreciated.

I would like to thank Chris Prokop for her assistance with the analysis of data.

Many thanks are extended to Wetoka Health Unit's Coordinated Home Care Program Board of Directors for granting me permission to use the Home Care Program facilities for the study; Gwen Plested, Program Supervisor; Margie Jones, Unit Manager; those former clients and active clients of the program; and the Home Care staff and the Support Services staff who participated in the study.

Special thanks are extended to my dear wife, Barb, and sons Dave and Sean for the support and encouragement which they provided during this study.

I am grateful to Lorraine Doucette and my son Dave for typing parts of the manuscript drafts, including the original proposal, and Linda Pasmore for typing and for assistance with proofreading the final draft of the thesis.

Finally, I would like to thank my family and friends for their continued support and interest shown in the study.

Table of Contents

Chapter		Page
I.	Statement of the Problem and Its Significance	1
	Introduction	1
	The Subproblems	2
	Research Questions	2
	Importance of the Study	3
	Conceptual Framework	6
	Assumptions, Delimitations, and Limitations	11
	Assumptions	11
	Delimitations	11
	Limitations	12
	Organization of the Remainder of the Thesis	12
II.	Review of the Related Literature and Research	13
	Historical Perspective on the Provision of Home Care	15
	The Role of the Home Care Provider	17
	Preparation for the Role of Home Care Provider	21
	Quality Home Care	23
	General Purpose, Goals, and Philosophy of Home Health Care	24
	Purpose	24
	Goals	24
	Philosophy	25
	Summary	26

Chapter		Page
III.	Methodology of the Study	28
	Instrumentation	28
	Design of the Instrument	28
	Client Questionnaire	29
	Home Care Staff Questionnaire	30
	Support Services Questionnaire	31
	Methodology	33
	Collection of Data	33
	Client questionnaire	33
	Distribution of client questionnaires	34
	Client questionnaire returns and demographic data	34
	Distribution of Home Care staff questionnaires	35
	Home Care staff returns and demographic data	36
	Distribution of Support Services staff questionnaires	37
	Support Services staff returns and demographic data	37
	Comparison of Returns and Demographic Data Between Home Care Staff and Support Services	38
	Descriptive Information of Study Respondents	39
	Descriptive information on client respondents	39
	Descriptive information on Home Care staff respondents	41
	Descriptive information on Support Services respondents	43
	Summary	45
	Description of Client Respondents	45
	Description of Home Care Staff Respondents	46

Chapter Page

Description of Support Services Respondents 47

IV. Client Perceptions of the Program 48

Types of Home Care Services Received by Clients 48

Summary 52

Quality of Care Provided by Home Care Staff 53

Summary 56

Client Satisfaction with Services Received 57

Summary 60

Best Features, Negative Features, and Suggestions for Improving Home Care Services 61

Summary 62

Summary 63

V. Home Care Staff and Support Services Staff Perceptions of the Program 66

Program Goals 66

Client-Related Program Goals 66

Home Care staff perceptions of actual emphasis given to client-related goals 67

Support Services staff perceptions of actual emphasis given to client-related goals 70

Comparison of Home Care staff perceptions with Support Services staff perceptions of actual emphasis given to client-related goals 71

Summary 72

Home Care staff perceptions of preferred emphasis on client-related goals 73

Support Services staff perceptions of preferred emphasis on client-related goals 74

Chapter | Page

Comparison of Home Care staff perceptions with Support Services staff perceptions of preferred emphasis on client-related goals 75

Summary 76

Comparison of Actual and Preferred Emphases 77

Staff-Related Program Goals 79

Home Care staff perceptions of actual emphasis given to staff-related goals 79

Home Care staff perceptions of preferred emphasis on staff-related goals 79

Comparison of actual and preferred emphases for staff-related goals 81

Working Conditions 82

Summary 84

Staff Opinions of the Program and Suggestions for Program Improvement 84

Home Care Staff Opinions Regarding the Best Features of the Program 85

Home Care Staff Opinions Regarding Serious Weaknesses of the Program 85

Home Care Staff Suggestions for Improving the Program 88

Support Services Opinions Regarding the Best Features of the Program 91

Support Services Opinions Regarding Serious Weaknesses of the Program 91

Support Services Suggestions for Improving the Program 92

Suggestions for Improving the Services Provided by Support Services Personnel 93

Summary of Staff Opinions About the Program and Suggestions for Program Improvement 94

Summary 95

Chapter Page

Goals of the Program 95

Satisfaction with Selected Aspects of the Program . . 100

Staff Opinions of the Program and Suggestions for Program Improvement 100

VI. Summary, Conclusions, and Implications 102

Purpose of the Study 102

Design of the Study 103

Methodology of the Study 104

Client Questionnaire 105

Home Care Staff Questionnaire 105

Support Services Questionnaire 106

Population of the Study 106

Distribution of Questionnaires 107

Data Analysis 107

Findings from the Review of the Literature 108

Findings of the Study 108

Types of Home Care Services Received by Clients . . . 108

Quality of Care Provided by Home Care Staff 109

Client Satisfaction with Services Received 110

Best Features, Negative Features, and Suggestions for Improving Home Care Services 111

Goals of the Program 111

Satisfaction with Selected Aspects of the Program . . 113

Staff Opinions of the Program and Suggestions for Program Improvement 114

Conclusions 115

Implications 117

Chapter Page

Implications for Practice 117

Clients 118

Home Care staff 119

Support Services staff 120

Implication for Research 122

Bibliography 123

Appendices

A. Wetoka Health Unit's Coordinated Home Care Program Client Questionnaire Items and Covering Letter 126

B. Wetoka Health Unit's Coordinated Home Care Program Staff Questionnaire Items and Covering Letter 134

C. Wetoka Health Unit's Coordinated Home Care Program Support Services Staff Questionnaire and Covering Letter 142

D. Definition of Terms for Stake's Model of Evaluation . 151

E. Wetoka Health Unit's Coordinated Home Care Program Organizational Chart 153

F. Correspondence 155

G. Staff Perceptions of Degree of Emphasis Placed on Client-Related Program Goals 158

List of Tables

Table		Page
1.	Demographic Data on Client Respondents	35
2.	Demographic Data on Home Care Staff Respondents	36
3.	Demographic Data on Support Services Respondents	38
4.	Information on Client Respondents	40
5.	Descriptive Information on Home Care Staff Respondents	42
6.	Descriptive Information on Support Services Respondents	44
7.	Services Presently Used by Client Respondents	49
8.	Services Not Presently Used but Used in the Past	50
9.	Services Expected to Be Used in the Future	51
10.	Client Ratings of Quality of Home Care Provided	54
11.	Client Respondents' Ratings of Satisfaction with the Various Home Care Services They Received	58
12.	Client Respondents' Contact with Their Doctor and His Knowledge of What Home Care Is Doing	59
13.	Staff Perceptions of Degree of Emphasis Placed on Client-Related Program Goals	68
14.	Wetoka Health Unit's Home Care Staff Perceptions About Emphasis Placed on Staff-Related Program Goals	80
15.	Support Services Staff Ratings of Satisfaction with Selected Aspects of the Program	83
16.	Positive Features of the Program	86
17.	Negative Features of the Program	87
18.	Suggestions for Improving the Program	89
19.	Suggestions for Improving the Services Provided by Support Services Personnel	93
20.	Staff Perceptions of Degree of Emphasis Placed on Client-Related Program Goals	159

List of Figures

Figure		Page
1.	Components of Stake's Countenance Model	7
2.	System Model of the Wetoka Health Care Delivery Program . . .	9

Chapter I

Statement of the Problem and Its Significance

Introduction

The overall purpose of the study was to evaluate the Coordinated Home Care Program of the Wetoka Health Unit in the Province of Alberta in order to ascertain program strengths and quality of care, as well as areas requiring improvement. A system program evaluation model provided the conceptual framework for the study.

The data collected consisted of factual and perceptual information including opinions of clients, staff, and support services personnel associated with the program.

A literature review of evaluation models was undertaken. The conceptual model selected for this study was developed by Robert Stake (1967). It is known as the Countenance Model and has systems model characteristics. It emphasizes two salient factors in the evaluation process: description and judgement. Both factors assess (1) the antecedents or condition before program activity, (2) the transactions or activity that actually takes place, and (3) the outcomes or results of the program.

The Wetoka Health Unit, as one of the 27 health units in Alberta, recognizes the health needs of individuals throughout their lifespan and helps them to assume responsibility for sound health practices. The Health Unit's Coordinated Home Care Program provides nursing and rehabilitation (physiotherapy, occupational therapy, respiratory therapy, and speech therapy) services and coordinates a number of contracted support services (personal care services, homemaker services, handyman

services, meals on wheels, volunteer visitors, and transportation) for chronically ill and handicapped individuals. This is done in accordance with the Home Care Regulations, whose objectives are to promote and/or maintain an optimum level of health for such persons while enabling them to live at home (Wetoka Health Unit's Coordinated Home Care Program Policy and Procedure Manual, 1985, B-2, p. 1).

The Subproblems

Emerging from the basic problem of the study are a number of subproblems derived primarily from Stake's model (1967). The subproblems may be stated as follows:

1. Is the program meeting its intended goals?
2. What standards exist to ensure quality of service?
3. What are the criteria for eligibility of the recipients of program services who are being admitted to this program?
4. How are recipients of program services evaluated while in this program?
5. What are some of the environmental factors that are affecting the program and its goals?
6. What quality assurance method is currently being used to assess the effectiveness of this program?

Research Questions

These problems were later translated into specific research questions which served to focus the data collection for the study. The specific research questions are as follows:

1. What are the types of home care services being received by clients?
2. How do clients rate the quality of care provided by the home care staff?
3. How satisfied are the clients with the various services they are receiving from the program?
4. What are the clients' opinions regarding the best features of the program, serious weaknesses of the program, and suggestions for improving the program?
5. What are the health unit staff and support services staff perceptions regarding the goals of the program?
6. What is the level of satisfaction by support services staff with working conditions in the program?
7. What are the health unit staff and support services staff opinions regarding the best features of the program, serious weaknesses of the program, and suggestions for improving the program?

Importance of the Study

The focus of the study was on conducting a program evaluation. Anderson and Ball (1978) defined a program as a "sponsored activity, more often than not from public funds, aimed at mitigating a social or economic problem or improving social and economic welfare" (p. 2). These authors argued that this definition qualifies a great variety of activities as targets for evaluation--for example, community health and mental health, residential treatment, group and individual therapy. Moreover, they emphasized that a program evaluation must provide

information to decision makers and, in this respect, outlined the following six major purposes of evaluation (pp. 3-4):

1. To contribute to decisions about program installation. Activities applicable to this process include assessment of needs for a program (whether to implement a program), estimates of cost, operational feasibility and appraising the adequacy of resources for carrying it out.
2. To contribute to decisions about program continuation, expansion or certification. This corresponds to the overall effectiveness of a program in meeting its goals, as well as determining whether the program is still needed. Moreover, it focuses on both intended and unintended outcomes (i.e., Are the objectives valid and useful in meeting the needs the program was designed to serve?).
3. To contribute to decisions about program modification. This focuses on "such activities as appraisal of the competencies of the program staff and other aspects of the delivery system, as well as examination of program content" (i.e., Is the content relevant to the program objectives? Does it cover those objectives adequately? Is it professionally acceptable? Does the program fit the background of the client?).
4. To obtain evidence to rally support for a program.
5. To obtain evidence to rally opposition to a program. Purposes 4 and 5 recognize the realities of program evaluation (in the real world). For example, occasions may arise when decision makers must rally support for a program in order to sustain it or drum up opposition in order to "kill" it and divert funds to other

things. Public interest is one of the most important features in seeking support or opposition to a program.

6. To contribute to the understanding of basic psychological, social, and other processes. "Evaluation studies can sometimes be designed to yield contributions to basic knowledge as well as information for program decisions" (p. 4).

> [Moreover,] if [the evaluators] agreed to perform evaluation services for a program, those services must be the central focus of their efforts. . . . Second, . . . evaluators must recognize any limitations inherent in specific evaluations that undercut their ability to test hypotheses or make generalizations, processes important to fundamental contributions to knowledge. (p. 35)

These purposes represent the variety of variables that are targets of scrutiny in evaluation enterprises. Moreover, they provide a framework for a review of the evaluation-related issues of the study. Above all, they are important to the study in helping to assess the overall effectiveness of the program operation, as well as determining if the needs the program was designed to serve still exist.

The results of the study should have value in that they will add to the rather limited amount of research information which has been done on Home Care programs in Canada. In addition, the study is believed to be the first of its kind to be conducted on the Wetoka Health Unit's Coordinated Home Care Program, so the information should have implications for those who are directly concerned with this particular program. Also, this study may be of some benefit to others involved in initiating or providing Home Care services elsewhere.

Conceptual Framework

Stake's Model, the Countenance Model of Educational Evaluation, was used in the development of the conceptual framework for this study. As shown in Figure 1, this model identifies two data matrices or components of evaluation: descriptive and judgemental (Stake, 1967). Both components are then divided into three areas: (1) antecedents, (2) transactions, and (3) outcomes. Definitions of these terms are provided in Appendix D.

The descriptive side of the model consists of the rationale, the intents, and observations. The rationale, Stake claims, includes "the philosophic background and basic purposes of the program [and] . . . should provide one basis for evaluating intents" (cited in Worthen & Sanders, 1973, p. 116). Intents are program goals, while the observations specify actual occurrences. Antecedents relate to a specific program, which in turn influences the outcomes of that program. Transactions refer to the day-to-day program operations, while outcomes focus on the program results, indicating either long-term or short-term effects. All of these components contribute to the comprehensive aspects of Stake's Model.

The judgement component of the model involves interpreting discrepancies between observed performance and standards. Standards, according to Stake, are "benchmarks of performance having widespread reference value" (cited in Worthen & Sanders, 1973, p. 120). There are two kinds of standards: (1) absolute, and (2) relative. From relative judgement of a program, as well as from absolute judgement, one can obtain an overall or composite rating of merit (cited in Worthen and Sanders, p. 122). For example, absolute standards relate to an

COPYRIGHTED MATERIAL IN THIS THESIS HAS NOT BEEN FILMED. IT IS AVAILABLE FOR CONSULTATION, HOWEVER, FROM THE AUTHOR'S UNIVERSITY LIBRARY.

DANS CETTE THESE, UN DOCUMENT ENCORE SOUS L'EFFET DU DROIT D'AUTEUR, N'A PAS ETE FILME. IL EST CEPENDANT DISPONIBLE POUR CONSULTATION A LA BIBLIOTHEQUE DE L'UNIVERSITE DE L'AUTEUR.

Leaf 7

Feuillet 7

National Library of Canada

Canadian Theses Service

Bibliothèque nationale du Canada

Service des thèses canadiennes

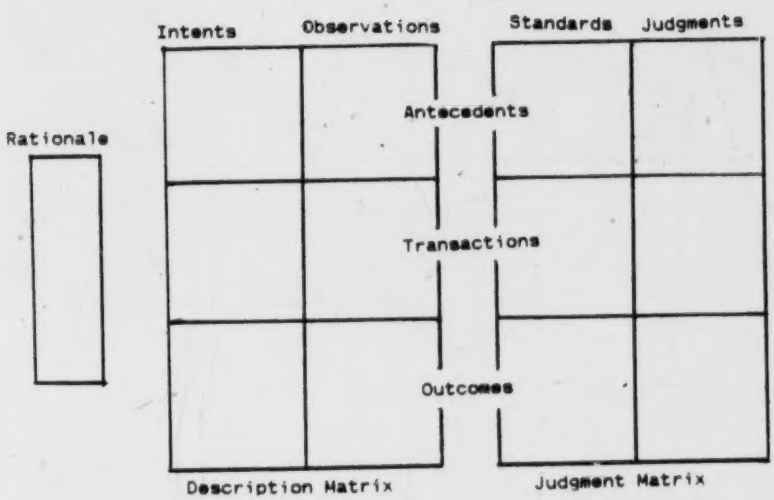


Figure 1. Components of Stake's Countenance Model (Stake, 1967, p. 131)*

* Copyright permission to reproduce this model has been granted by the publisher, Longman.

individual opinion pertaining to the validity of program approaches, whereas relative standards compare the program to similar programs.

Stake finally focuses on judgement as a major aspect of evaluation, defining the complete act of evaluation as involving both description and judgement (Stake, 1967).

For the present study a system model of the Wetoka Health Care delivery program was developed (Figure 2), based on the descriptive matrix of Stake's (1967) evaluation model. The model includes variables of the Health Care System that helped in the assessment of Wetoka Health Unit's Coordinated Home Care Program (which also includes policies, legislation, Department of Community and Occupational Health, Social Services, other community health agencies, and three infrasystems or subsystems--Ponoka, Rimbey, and Winfield). Those parts of the model central to the study are (1) antecedents, (2) transactions, and (3) outcomes. The following is an explanation of each phase.

Antecedents consist of both human and material resources which have an impact on the system. The antecedents related to this program include the philosophy, goals and policies, the type of clients eligible to receive home care, client needs, staffing, staff qualifications, standards, methods of staff recruitment, staff orientation to the program, needs of the staff (i.e., each staff member has a personal and professional need to strive for continuous learning through formal and self-directed studies), funding, and community agencies such as hospitals and nursing home lodges.

The transactions phase of the model consists of the countless activities carried out in the program to achieve the outcomes. Transactions are what goes on in the program on a day-to-day basis and

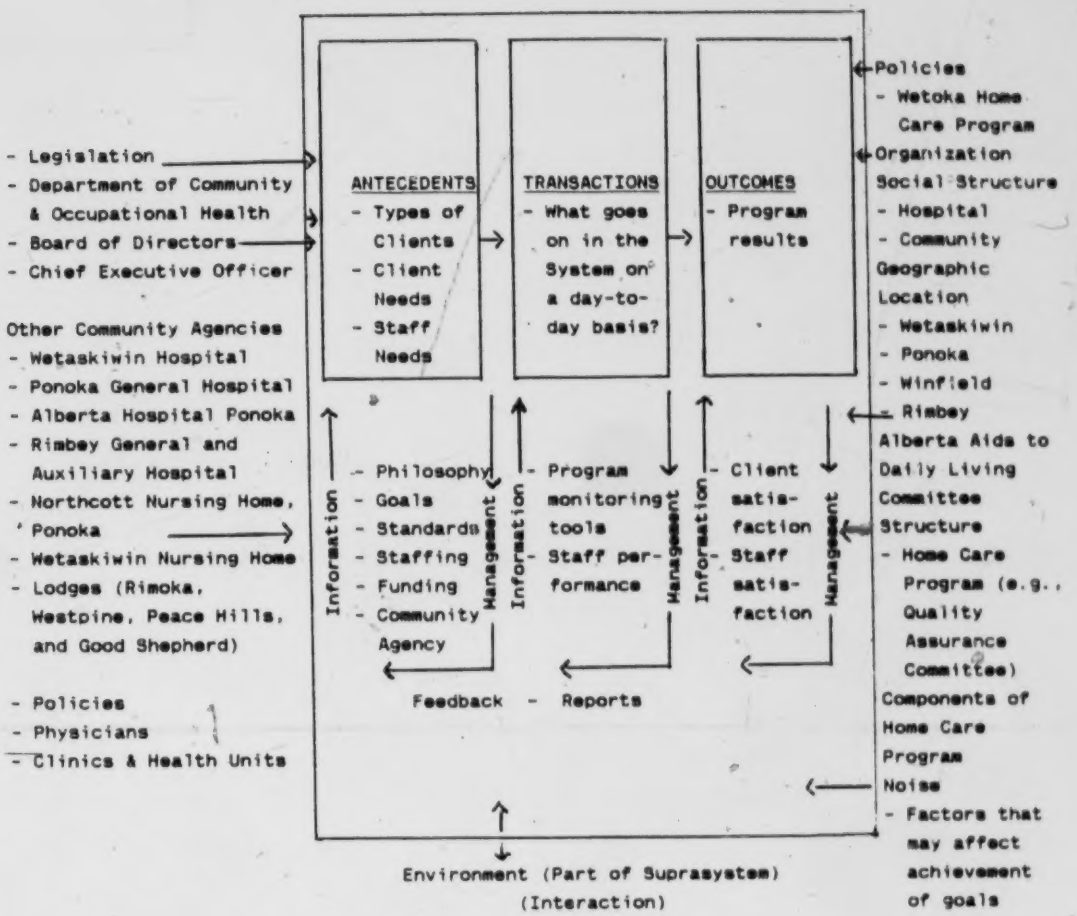


Figure 2. System model of the Wetoka Health Care Delivery Program

involve the following processes: staff and support services performances such as teaching and learning processes and behavior; standards of home care practice; information and managerial processes; program monitoring processes, which involve assessing, planning, implementing, evaluating, and modifying program activities; as well as home visitations by staff and support services with clients and families.

Outcomes are the program results. They indicate whether the program met the intended needs of clients, staff, and support services; or whether the program is actually doing what it is supposed to do (i.e., meeting client satisfaction, producing competent staff, and providing quality client care). However, if outcomes of the program are unsatisfactory, missing, or need up-dating, these areas are identified. For example, the program may need more or fewer staff, better quality staff, or different staff for different clients; some clients may have died or transferred to other health care agencies, while others may have no further need for the service because of betterment in health. Outcomes are, therefore, reflections of the program inputs. It was on the basis of this framework that the evaluation activities (including subproblems which were later translated into specific research questions) were planned and carried out.

The environment as outlined in the model includes those factors which impact on the Home Care Program services within and outside the boundaries of the system. In addition, the environment provides the framework and helps to give the program its purpose, while information in the form of a feedback subsystem becomes the energizing agent for change. Feedback items include the following: staff performance appraisal, clients' appraisal of the program, assessment of cognitive and

psychomotor skills of home care providers, and the quality of home care supervision. Moreover, each subsystem has its own objectives that contribute to the whole program (i.e., each subsystem interrelates to form an integral whole).

Finally, the environment shown in the model is a crucial component to the home care services because home care is affected by what occurs in the environment. The factors affecting Wetoka Health Unit's Coordinated Home Care Program are the philosophy and goals, policies, legislation, Department of Community and Occupational Health, Board of Directors, Chief Executive Officer, and physicians. In addition, geographic locations, Social Services, and other community agencies such as hospitals, nursing home lodges, and Family and Community Support Services, plus environmental noises (those factors such as complaints of inadequate funding) over which an individual has little or no control may have an effect on the orderly achievement of the program's goals.

Assumptions, Delimitations, and Limitations

Assumptions

It is assumed that individuals responding to the questionnaires that were used to collect the data for the study have presented their true feelings about the services provided by the Wetoka Health Unit's Coordinated Home Care Program.

Delimitations

This study was delimited to the Wetoka Health Unit's Coordinated Home Care Program, which has its main center in Wetaskiwin and satellites in Ponoka, Rimbey, and Winfield. Individuals associated with the program

either as recipients of care or providers of the services were randomly surveyed. They included current care recipients, those recently discharged from the program, regular staff members (i.e., Home Care nurses, Home Care occupational therapist, Home Care physiotherapist, a speech therapist, Home Care authorizers responsible for Aids to Daily Living), and Support Services personnel employed on a contractual basis (i.e., Homemaker Service, Handyman Service, Meals on Wheels, Personal Care Service, and Transportation Service).

Limitations

This study was limited by the lack of theory and research relating to evaluation of home care programs. In addition, conclusions drawn from the data collected were limited to the Wetoka Health Unit's Coordinated Home Care Program's main center and its satellites. Generalization to other health units would have to be done with extreme care.

Organization of the Remainder of the Thesis

The following chapter provides an overview of the literature and research related to the problem which has been described. Chapter III discusses the instruments utilized in the study and provides a description of each instrument. It also details the procedures that were used for collecting and analyzing the data.

Chapters IV and V discuss the clients', the staff members', and support services personnel's perceptions of Wetoka Health Unit's Coordinated Home Care Program and the findings of the data analysis. The final chapter provides a summary and identifies a number of conclusions and implications of the study.

Chapter II

Review of the Related Literature and Research

Several issues related to the specifics of the study are discussed in this chapter. These include concerns related to the historical perspective on the provision of home care, role of the home care provider, preparation for the role of home care provider, quality of home care, and general purpose, goals, and philosophy of home health care.

Popham (1975) emphasized that "evaluation is the determination of the worth of a thing. It includes obtaining information for use in judging the worth of a program, product, procedure, or objective, or the potential utility of alternate approaches designed to attain specified objectives" (p. 19). Moreover, in the evaluator's opinion, program evaluation makes reasonable judgements about program effects, effectiveness, efficiency, and adequacy. In the text by Popham, Provus defined program evaluation as

> the process of (1) defining program standards; (2) determining whether a discrepancy exists between some aspects of program performance and the standards governing that aspect of the program; and (3) using discrepancy information whether to change performance or to change standards. (p. 39)

These citations by Provus have relevance for the Wetoka Health Unit's Coordinated Home Care Program. The primary goals of the Wetoka Home Care Program are (1) to promote and/or maintain independence of living at home for the chronically ill and/or handicapped persons by providing treatment, health-related education, and coordination of necessary support systems; (2) to maintain the dying person in his/her home in comfort and dignity as long as feasible by providing treatment, emotional support, and coordination of necessary support services; and

(3) to promote the return to maximum functioning level for persons by providing treatment, health-related education, and coordination of necessary support services (Wetoka Health Unit's Coordinated Home Care Program Policy and Procedure Manual, 1985, B-2, p. 1). The evaluator believes that, if the goals of a program are meaningful and reasonable, then logically the subsequent outcomes should be meaningful.

Cronbach (1963) argues that course evaluation needs to focus on ways in which refinements and improvements could occur while the course is in process of development. This argument could be related to health care programs which need to monitor and evaluate their services regularly in order that certain decisions or changes may be made that will continue to improve the quality of client care. This concept is also applicable to the evaluation of the Wetoka Health Unit's Coordinated Home Care Program, for which, as mentioned in Chapter I, Stake's (1967) model has been used to identify two major components of evaluation: description and judgement.

Furthermore, from the evaluator's perspective, the model seems appropriate for use in evaluating the Wetoka Health Unit's Coordinated Home Care Program for the following reasons:

1. The components are concisely defined and understandable for presentation to recipients of services provided by the program, staff members, and support services personnel.
2. The logical relationship among the antecedents, transactions, and outcomes, particularly, will give continuity to the evaluation.
3. The model has been used effectively in evaluating other related programs.

Gee (1983), for example, used the intents and observations of both the antecedent and transactions as a framework for evaluating a Language Arts program at the Alberta School for the Deaf in Edmonton. The framework was used as an information source for the program decision makers.

Nyberg (1984) also used Stake's Model as a structure for evaluating an Academic Occupational Program in the County of Leduc, Alberta. The model was useful in organizing the information.

These illustrations provide support for the use of Stake's Countenance Model and matrix as a framework for evaluation of education-related programs. With the support shown for the approach in these education-related programs, the evaluator will explore the use of the Countenance Model in the Wetoka Health Unit's Coordinated Home Care Program. As mentioned previously, several issues related to the specifics of this process will now be discussed in the remaining sections of the chapter.

Historical Perspective on the Provision of Home Care

This section provides a historical perspective on the provision of home care from ancient times to the present era. Cyrus (1979) emphasized that home care is the rebirth of an ancient and honorable concern on the part of the family (in a limited individual sense and also the family in the larger sense of the human society) toward one of its members who is passing through a period of illness (p. 12).

Home care is not new. In the nineteenth century most care of the sick was done in the home environment with the mother or oldest female assuming the role of the nurse and doctor. At that time the asylum was considered the place of last resort where the homeless and derelict were

taken care of. The wealthy received care from established medical institutions which they financially supported (Prichard, 1979).

The poor economic group eventually became impatient with the type of service they were receiving and demanded an upgrading of their deprived facilities to render better care. This transaction saw the birth of the hospital- or institution-orientated society in the twentieth century. The resurgence of care at home, especially for those who have had a period of hospital care, has been generated by economic factors rather than humanitarian ones. Cyrus (1979) identifies six services that are currently provided by the home care program: (1) physician care and supervision, (2) intermittent skilled nursing care, (3) social service, (4) physiotherapy, (5) housekeeping, and (6) personal care (pp. 12-14).

Eichwald (1979) indicates that the program provides hospital-type treatment in the home of selected patients who are in need of the coordinated care of several disciplines (p. 148). He also stipulates that home care may be thought of as a "hospital without walls," the "extension of the hospital into the community" (p. 149). This is a service that provides hospital-type treatment to selected clients in their homes.

In summary, the provision of care for the sick in their homes has steadily increased over the past years. The home atmosphere and the nearness to familiar and meaningful environment help lessen the sense of isolation often experienced by the sick, while the routine of family life tends to function closer to normal as trips to the hospital are alleviated. Moreover, modern in-home health care makes a critical and unique contribution to the quality of life for those who are handicapped, or chronically or terminally ill, by reinstating self-respect, reviving

old pleasures, reactivating social drives, reawakening intellectual interests, and redeveloping some interest in community life.

The Role of the Home Care Provider

This section of the related literature of the study focuses on the various functions the home care provider is involved in as he or she meets the needs of the client.

Stuckey (1987) emphasizes that the home care nurse can play a major role in making sure that clients have the best possible chance for a favorable outcome in the long run. In the short run, prompt palliative relief of symptoms may improve the client's quality of life (p. 31). Stuckey also stated that "alert assessment by the home care nurse can lead to early detection of the condition so that the client can be referred for treatment before the condition becomes untreatable" (p. 29).

Carolan (1987) perceives the home care provider as an intimate friend in a professional sense, who is there to provide a service, not to become part of a family or to take over their decision-making ability. She views the role of the home care provider as working with the family unit to explore and establish their goals, but if necessary altering the environment and plan of care with a sense of ethical responsibility. Moreover, she emphasizes that regular visits by the home care provider are necessary to assess any changes in clients' status, and to prepare the client and family for potential problems. Carolan furthermore stresses that in order to support a family through the crisis of terminal illness, an atmosphere of honesty and trust must be established by the home care provider (p. 171).

The Plowden Educational Report (1967) in Britain recommends that a

Home Visitor's role must be "unbiased, non-judgemental, able to work under any sort of conditions, knowledgeable without being dictatorial, helpful without being patronizing, able to listen and sensitive to people's needs without appearing to probe into their private affairs" (p. 47). This statement may also be applicable to Home Care providers of the Wetoka Health Unit's Coordinated Home Care Program.

Bernstein (1987) defined home care as "the provision of a spectrum of services, equipment and supplies in the home with careful consideration of the patient's own medical, social, and economic circumstances" (p. 2). Within this context, Bernstein identifies three main roles of the physician as a home care provider to be that of a healer, teacher, and client advocate (p. 2).

Rogatz (1987) indicates that provision of care to clients by home care providers is motivated by a desire to eliminate unnecessary institutional care, to enable clients to be in comfortable and familiar surroundings, to give them greater control over their own lives, and to speed rehabilitation and resumption of constructive social roles (p. 7).

The role of the home care provider is perceived by Arbeiter (1984) as very complicated. He identifies seven main areas of responsibility:

1. Self-reliance: In the home, working under a physician's care plan, the home care nurse creates her own schedule based on his/her assessment of the priorities.
2. Flexibility: The home care nurse should expect the unexpected in home health care nursing: "because equipment may not always be available, the home care nurse may have to think on his/her feet" (p. 40).
3. Adaptability: A home health care nurse must "be as comfortable

working in a hovel with a dirt floor as she/he is in a mansion" (p. 40).

4. Confidence: It is important that the home care provider projects a confident attitude in his/her interaction with the client because this reassures the client.
5. Versatility: The home care provider may find her/himself being "a friend, social worker, spiritual aide, psychologist, physical therapist, teacher, and translator of medical information, all wrapped up in a single package" (p. 40).
6. Empathy: To achieve a successful one-to-one relationship with a client, the home care provider must be able to understand his problems and his point of view.
7. System-savvy: It is necessary for the home care nurse to have a good working knowledge of the health care bureaucracy. He or she must know who pays for what. For example, medicare will pay for home care only if a physician certifies the client's need for skilled care on an "intermittent" basis (pp. 40-42).

In Dudzinski and Peters (1977, p. 62), Honig emphasizes that home visitation by home care providers has the advantage of being relatively easily adapted to a wide range of environmental circumstances. This alternative is particularly useful for children who are handicapped.

Fay, Bartel, Corcoran, and McHugh (1977) identify personal care attendants as the single most important factor in helping physically disabled persons achieve independence and be in control of their own destiny (p. 185).

In Woerner (1977), Hanson comments that

> Homecall is a human and humane attempt to make available the help that can make growing old a pleasure instead of a struggle. It is designed to assist those who saved money to enjoy life in later years, but who now find that the quality of life they expected is unobtained without aid because of physical changes. (p. 19)

Moore (1979) suggests that the homemaker-home health aides are essential thanatologists. Homemaker-home health service is needed in its own right for many dying clients. In addition, it facilitates the delivery, in the home, of professional services (p. 213). He further emphasizes that one cannot overstate the importance of having a calm, security-giving, caring figure in the home when a family member has a terminal illness. By sharing their family burden of grief, the home health care provider is able to hold the family together in the security of their familiar home surroundings (pp. 208-209). The home health care provider must therefore be trained or be exposed to the ethical issues involved and the behavior patterns of grief and bereavement.

The American Cancer Society (1974) shows in one of its studies that next to family members it is the homemaker-home health aide with whom the client feels most comfortable about discussing concerns crucial to himself and his family (p. 209).

In summary, efficiency by the care provider is expected when caring for the aging population, the handicapped, and chronically or terminally ill clients in their homes. The home health care provider must therefore have a thorough knowledge of how to meet the needs of the clients. Above all, the care provider must understand that the outcomes of programmed service depends very much on his/her attitude and functioning ability.

Preparation for the Role of Home Care Provider

The purpose of this section of the study is to focus on how the home care provider is prepared for his role in meeting the needs of the clients in their homes. In this process, the care provider is trained as a generalist who provides consultation and physical care and offers suggestions in the areas of home management, nutrition, and different aspects of health care. Carolan (1987) emphasizes that in choosing the area of practice, the home care provider must not only be educated and skilled in the profession, but also be able to deal with self-concepts of morbidity and mortality (p. 171).

Akins, Meyer, and Smith (1981) affirm the need for studies that investigate both the home care provider's and the client's perspectives of their relationship. This information is useful in designing more effective educational programs to prepare home care providers for their roles (p. 185).

Fox (1978) indicates that aides employed to work in health projects under the 1962 Migrant Health Act are trained not only in basic human skills, but also in technical skills of nursing, health education, and sanitation. These para-professionals are instructed to teach the program families:

1. how daily living habits influence their health
2. to use preventive health practices
3. when and how to self-care and when to seek medical care
4. how a clean, pleasant home and surroundings contribute to positive health, and
5. to understand the local health care services. (p. 12)

He also indicates that in order for the home care providers to

better understand their role in the health delivery system, the appropriate explanation by a representative from the local health board should be given them about the facilities and available services offered through other health departments, including mental health centers and other volunteer and service agencies (p. 13).

Jaffe (1979) stipulates that the homemakers especially trained to assist in the care of retarded children remaining at home have proved effective in a year of experimentation conducted in Israel involving 15 retarded children (aged 4 months to 20 years) from 14 families (p. 405).

In Dudzinski and Peters (1977, p. 62), Neisworth, Peters, Kurtz, Laub, and Wilder indicate that the home visitor is also trained as a generalist who provides consultation and suggestions in the areas of home management, nutrition, and health care.

According to Wessells (1979), home care nurses are educated to be generalists on graduation from a Diploma or a Baccalaureate program; they have learned the basic information needed to assist the client(s) to maintain health, prevent illness and adverse happenings, and restore health (p. 50). Their knowledge is constantly broadened in both the physical and psychological areas through additional education and clinical practice.

In summary, the professional home care program provides training opportunities for their employees in the assessment of clients' needs. Moreover, the employees, in carrying out their daily services, gain exposure to experience with and understanding of the elderly, the chronically ill or handicapped individual, as well as the terminally ill and those suffering from short-term illness.

Quality Home Care

This section deals with quality home care. The home care provider, in providing the client with quality care, allows the client to live a more independent life as that client learns to cope with his physical and mental disabilities.

Clifford (1979) suggests that quality of care and quality of life can best be achieved for the client by the home care provider through the following:

1. Comprehensive planning for all stages of illness.
2. Counselling and preparation of both the client/family and of personnel having contact with them as that client learns to cope with his physical and mental disabilities.
3. A good communication system (for the provider of care).
4. Coordination of all aspects of care: institutional, community, and home.

Above all, the focus of attention must be on the client and family needs (p. 231).

In summary, the primary responsibility of the care provider in providing quality home care is to appropriately plan, organize, implement, and evaluate home health care that is beneficial in helping the client meet his/her needs. In addition, the care provider must initially try to establish good lines of communication with the client, the client's family, other members of the home care staff, support services, and hospital medical personnel.

General Purpose, Goals, and Philosophy of Home Health Care

This section will discuss in general the purpose, goals, and philosophy of home health care.

Purpose

According to Sister Mary Madonna Ashton (Minnesota Dept. of Health), the general purpose of the home care program is to ensure that the quality of care for the client is consistent with the agency's objective. Above all, the program must provide continuity of quality home health care for the client. The delivery of safe, quality home health care services requires well-developed clinical practices and procedures (article is included in Home Health Care Agency Policy and Procedure Manual, no date, p. 3).

Goals

The general aim of the Home Health Care program stipulated by Sister Madonna Ashton is to

1. provide comprehensive, quality, client- and family-centered home health care in the client's place of residence;
2. address the client's unique physiological, safety, psychological, self-esteem, and self-actualization needs in a plan of home health care;
3. provide Home Health Care services that promote the client's quality of life by
   a) maximizing potential outcomes in the client's level of independence;
   b) restoring, maintaining, and promoting the client's health;

c) minimizing negative illness and disability outcomes;

4. involve the client's family in the plan of care whenever possible;
5. advise the client's family regarding community support services as needed;
6. provide home care education for the client, the family, and the community (article is included in Home Health Care Agency Policy and Procedure Manual, no date, p. 3).

Philosophy

The general philosophical approach indicated by Sister Madonna Ashton in providing quality health home care service is based on assumptions that:

1. The maintenance and realization of full potential of human life are supreme values.
2. Humans possess a unique hierarchy of needs, as defined by Maslow (1962):
   a) physiological needs
   b) safety
   c) belongingness and love needs
   d) self-esteem needs
   e) self-actualization needs
3. Humans make choices and decisions based on their individual beliefs and values.
4. In making such choices and decisions, humans exert personal control over their lives (article is included in Home Health Care Agency Policy and Procedure Manual, p. 3).

Summary

This chapter has reviewed the theoretical and research literature in order to provide the background for the study. Specifically, literature and research related to the historical perspective on the provision of home care, the role of the home care provider, preparation for the role of home care provider, quality home care, and general purpose, goals, and philosophy of the home health care program were presented.

The historical perspective on the provision of care for the sick in their homes indicates that this process has been adopted by several countries throughout the world. The client finds that home care is advantageous in helping him or her to maintain his or her identity and self-esteem. Above all, the client realizes that home care visitation is an asset in reducing his or her boredom and loneliness.

The literature furthermore indicates that the role of the home care provider serves many facets of clients' daily health needs, in the most sacrosanct of setting--the home. This creates some very important opportunities for clients, for example, they are given privacy control and independence over their lives while being given optimum personal care. The studies in the literature also indicated that the home's natural atmosphere is an environment where the client can more easily improve his or her health and recover or learn to live within the limitations of his or her physical disabilities.

In performing his or her function, the home health care provider must have a good knowledge and understanding of the clients' needs. It is therefore important that educational opportunities be given the health care provider in order for him or her to maintain and improve his or her skills in this area. Having the appropriate ability allows the care

provider to plan, organize, implement, and evaluate quality client care effectively, especially in relationship to the purpose, goals, and philosophy of the home care program.

Chapter III

Methodology of the Study

This chapter provides a description of the instrumentation used in the study, the method used to collect the data, and a description of the population of the study.

Instrumentation

Design of the Instrument

As indicated in Chapter I, the purpose of this study was to evaluate the Wetoka Health Unit's Coordinated Home Care Program for evidence of strengths and quality of care, as well as areas requiring improvement. The data collection procedures were developed based on the available literature and research. Three questionnaires were designed, one for each of the following respondent groups:

1. Wetoka Health Unit's Coordinated Home Care Program clients
2. Wetoka Health Unit's Coordinated Home Care Program staff
3. Wetoka Health Unit's Coordinated Home Care Program Support Services personnel.

The major sections of the client questionnaire were as follows: general information, program information, agreement and satisfaction with program's services, and additional comments. The major sections of the program staff questionnaire include general information, program information, rating of program services, and additional comments. Finally, the Support Services questionnaire had four sections: general information, program information, program satisfaction, and additional comments.

Client Questionnaire

The client questionnaire included in Appendix A contains four primary sections. Section I, general information, includes the following variables: gender, age, center closest to home, type of services received in the past, services currently received, and those services expected to be used in the future; and general comments and concerns related to Home Care features and experiences.

Section II of the client questionnaire deals with program information related to characteristics of client respondents' agreement with Home Care Program services, based on their past and present experiences with the services. Sixteen variables were included in this category. The response key was as follows:

Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
1	2	3	4	5

Section III of the client questionnaire deals with the rating of services provided. Participants were asked to rate their satisfaction with the various Home Care services. The response key was as follows:

Not at all satisfied				Extremely satisfied
1	2	3	4	5

Section IV of the client questionnaire deals with client respondents' comments and concerns related to the following three variables: the best features of Home Care services, bad experiences with Home Care, and suggestions for improving Home Care services. Space was provided for the participants' comments in each of the categories in the section.

Home Care Staff Questionnaire

The Home Care staff questionnaire is included in Appendix B. It contains three sections. Section I sought general information on the following eight variables: gender, age, center of employment, main area of employment, present employment status, highest level of education, length of employment, and Home Care working experience. It was thought that these variables might differentiate Home Care providers into groups with significantly different opinions.

Section II of the Home Care staff questionnaire has two parts; the first part deals with program information and emphasizes the opinions of Home Care staff regarding the "is" and "should be" goals. It contains the following 13 variables: helping the handicapped or long-term suffering client to live and cope at home, helping the terminally ill to live at home in comfort and dignity as long as possible, helping the handicapped or long-term suffering client to develop more independence in life, helping with the development of residential services for the chronically ill or handicapped individual, working with other community agencies on behalf of the chronically ill or handicapped individual, providing temporary crisis and family relief services, promoting community awareness of the program, including significant others in planning clients' care, ensuring effective evaluation of the program, providing opportunities for Continuing Eduation for staff, providing opportunities for staff to pursue career goals, providing a working atmosphere that supports staff members, and evaluating their performance. The response key for each of the 13 "is" and "should be" goals was as follows:

1. None
2. A little
3. Moderate
4. Great
5. Very great

Space was provided for the participants' comments in each of the categories in this section. The other area of Section II looks at the degree of satisfaction which the program offers in relationship to client needs. The response key was as follows:

1. Not at all satisfied
2. Slightly satisfied
3. Moderately satisfied
4. Highly satisfied
5. Very highly satisfied

Section III of the Home Care questionnaire was designed to collect additional comments from Home Care staff. Three open-ended items are included in this section: the best features of the Home Care program, the most serious weaknesses of the program, and suggestions for improving the program.

Support Services Questionnaire

The Support Services questionnaire is included in Appendix C. It contains four sections. The first section was designed to collect general background information on eight variables similar to those in the Home Care staff questionnaire. These are as follows: gender, age, center of employment, main area of employment, present employment status, highest level of education, length of employment, and Support Services

working experience.

Section II of the Support Services questionnaire deals with the "is" and "should be" goals of the Wetoka Health Unit's Coordinated Home Care Program. It sought perceptions on 10 goals: helping the handicapped or long-term suffering client to live and cope at home, helping the terminally ill to live at home in comfort and dignity as long as possible, helping the handicapped or long-term suffering client to develop more independence in life, helping the client suffering from short-term illness to return to maximum functioning level, helping the development of Support Services in the home for the chronically ill or handicapped, working with other community agencies for the benefit of the chronically ill or handicapped individual, providing temporary crisis and family relief services, promoting community awareness and understanding of the program, including significant others in planning individual client's care, and ensuring effective evaluation of the program. The response key was as follows:

1. None
2. A little
3. Moderate
4. Great
5. Very great

Section III of the Support Services questionnaire asked respondents to report levels of satisfaction with five different aspects of the program: satisfaction with the working relationship between Support Services and Wetoka Health Unit's Coordinated Home Care Program, satisfaction with coordination of services between Support Services and Wetoka Health Unit's Coordinated Home Care Program, satisfaction with the

way authorization for Support Services is given by Wetoka Health Unit's Coordinated Home Care Program, satisfaction with supervision given by Wetoka Health Unit's Coordinated Home Care Program of those services provided by Support Services, and overall satisfaction with the program that Wetoka Health Unit's Coordinated Home Care Program offers. For each of these five satisfaction items, space was provided for the participants to explain their answer. The response key was as follows:

1. Not at all satisfied
2. Slightly satisfied
3. Moderately satisfied
4. Highly satisfied
5. Very highly satisfied

Finally, Section IV of the Support Services questionnaire collected additional comments from Support Services staff. As with the Home Care staff questionnaire, open-ended items were included to identify the following: the best features of the Home Care program, the most serious weaknesses of the program, suggestions for improving the program, and suggestions for improving the services provided by the Support Services agency to the program.

Methodology

Collection of Data

Client questionnaire. The client questionnaire was distributed to a selected number of clients who were receiving Home Care services or who had been recently discharged from the Home Care program in the following four areas in central Alberta: Wetaskiwin, Ponoka, Rimbey, and Winfield. To obtain a list of potential participants for the study, the researcher

first made telephone contact with the Supervisor at the main office in Wetaskiwin, subsequently met her in person on a one-to-one basis, and informed her of the nature of the proposed research. A request was then made through the Supervisor to the Board of Directors for permission to utilize the Wetoka Health Unit's Coordinated Home Care Program clients and staff participants to conduct the study. Permission was granted by the Board through Wetoka Health Unit's Chief Executive Officer and the Home Care Supervisor. A letter of approval and support was received to this effect.

Distribution of client questionnaires. Sixty questionnaires were distributed to the Home Care clients randomly chosen from the four areas of the Health Unit. Twenty (20) clients were selected from the Wetaskiwin area, 20 from the Ponoka area, 10 from the Rimbey area, and 10 from the Winfield area. The questionnaire included a covering letter ensuring the confidentiality and anonymity of each individual respondent. The questionnaires were personally delivered to the homes of each participant. In a few cases, questionnaires were delivered to Home Care clients admitted to Wetaskiwin and Winfield General Hospitals. All questionnaires were picked up within two weeks of delivery day. This process offered the researcher the opportunity to meet and visit briefly with some of the participants, especially the elderly, who often revealed or shared much heart-touching information related to their activities of daily living.

Client questionnaire returns and demographic data. Fifty-nine (59) of the 60 questionnaires were collected. One participant was too ill to respond. Table 1 shows the frequencies and percentage frequencies for the demographic information pertaining to the client respondents. It

Table 1

Demographic Data on Client Respondents (n=59)

Characteristic	Response Categories	(n) Frequency	(%) Percent
What is your gender?	Female	43	72.9
	Male	16	27.1
What was your age at your last birthday?	25 years or less	0	0.0
	26-35 years	0	0.0
	36-45 years	0	0.0
	46-55 years	2	3.4
	56-65 years	4	6.8
	Over 65 years	53	89.8
Which center is your home closest to?	Wetaskiwin	20	33.9
	Ponoka	20	33.9
	Rimbey	10	16.9
	Winfield	9	15.3

indicates that there were 43 female clients (73%) and 16 male clients (27%).

Fifty-three (90%) of the respondents were over 65 years old, two (3%) were between 46 and 55 years old, and four (7%) were 56 to 65 years old. Clients receiving the service were mostly elderly. The majority of these elderly clients were also retired from the work force.

There was equally a good response from the four locals: Wetaskiwin - 20 (100%), Ponoka - 20 (100%), Rimbey - 10 (100%), and Winfield - 9 (95%).

Distribution of Home Care staff questionnaires. Questionnaires were distributed to the entire Home Care staff serving the four areas of the study: Wetaskiwin, Ponoka, Rimbey, and Winfield. Included with each questionnaire was a covering letter which assured respondents of the confidentiality and anonymity of the study. A self-addressed, stamped

envelope was enclosed for returning the questionnaire. Most questionnaires were dropped off at the offices of the respective centers where each individual full-time and part-time Home Care staff participant received them. Some questionnaires were directly posted to rural part-time staff. Questionnaires from the staff respondents were received in two weeks.

Home Care staff returns and demographic data. All 35 questionnaires were collected. Table 2 shows the frequencies and percentage frequencies for the demographic information regarding the staff respondents. It indicates that there were 32 female staff (91%) and three male staff (9%).

Fourteen (40%) of the respondents were between 36 and 45 years old, eight (23%) were 26 to 35 years old, eight (23%) were between 46 and 55

Table 2

Demographic Data on Home Care Staff Respondents (n=35)

Characteristic	Response Categories	(n) Frequency	(%) Percent
What is your gender?	Female	32	91.4
	Male	3	8.6
What was your age at your last birthday?	25 years or less	1	2.9
	26-35 years	8	22.9
	36-45 years	14	40.0
	46-55 years	8	22.9
	56-65 years	3	8.6
	Over 65 years	1	2.9
At which center are you employed?	Wetaskiwin	11	31.4
	Ponoka	11	31.4
	Rimbey	7	20.0
	Winfield	6	17.1

years old, three (9%) were 56 to 65 years old, one (3%) was 25 years or less, and another (3%) was over 65 years old.

There was a good response from each of the locales: Wetaskiwin - 11 (31%), Ponoka - 11 (31%), Rimbey - 7 (20%), and Winfield - 6 (17%).

Distribution of Support Services staff questionnaires. Questionnaires were distributed to a randomly selected number of Support Services participants in the study. The centers involved at the time of the study were Wetaskiwin, Ponoka, and Rimbey. A request was initially made through the Acting Home Care Supervisor at the main office, Wetaskiwin, to contact the Support Service Agency department of the previously mentioned areas, for their agreement to participate in the survey. The Support Services Agency agreed to co-operate. As with clients and Home Care staff questionnaires, the Support Services questionnaire included a covering letter explaining what the study was about, and ensuring the confidentiality and anonymity of each individual Support Services response. A self-addressed, stamped envelope was enclosed for returning the questionnaire. Again, all questionnaires were personally dropped off at the centers involved in the study and were picked up by the respective participants. The Support Services respondents' questionnaires were subsequently retrieved in two weeks' time.

Support Services staff returns and demographic data. All 21 questionnaires were collected. Table 3 shows the frequencies and percentage frequencies for the demographic information pertaining to the Support Services respondents. It shows that there were 20 female Support Services staff (95%) and one male Support Service (5%) staff.

Ten (48%) of the respondents were between 36 and 45 years old, five

Table 3

Demographic Data on Support Services Respondents (n=21)

Characteristic	Response Categories	(n) Frequency	(%) Percent
What is your gender?	Female	20	95.2
	Male	1	4.8
What was your age at your last birthday?	25 years or less	0	0.0
	26-35 years	4	19.0
	36-45 years	10	47.6
	46-55 years	5	23.8
	56-65 years	2	9.5
	Over 65 years	0	0.0
At which center are you employed?	Wetaskiwin	8	38.1
	Ponoka	9	42.9
	Rimbey	4	19.0

(24%) were 46 to 55 years old, four (19%) were 26 to 35 years old, and two (10%) were between 56 and 65 years old. No one was over 65 years old. Again there was a good response from each of the locales: Wetaskiwin - eight (38%), Ponoka - nine (43%), and Rimbey - four (19%). (All correspondence associated with the three questionnaires is included in Appendix F.)

Comparison of Returns and Demographic Data Between Home Care Staff and Support Services

Tables 2 and 3 show that the staff respondents and Support Services respondents were primarily females. Thirty-two (91%) of the staff respondents were female and 20 (95%) of the Support Services respondents were female. Fourteen (40%) of the staff respondents were between the ages of 36 and 45 years, and 10 (48%) of the Support Services respondents also fell in this age range. The average ages of both groups were

approximately the same. Percentages of each group at the various centers of employment are similar, with the exception that the Support Services did not have a center in Winfield. The returns from both staff and Support Services respondents were good.

Descriptive Information of Study Respondents

Tables 4, 5, and 6 present descriptive information on all three respondent groups (i.e., client, Home Care staff, and Support Services personnel).

Descriptive information on client respondents. Table 4 shows that 18 (31%) client respondents received Home Care for three or more years, 17 (29%) received it for one to two years, 14 (24%) received it for less than a year, and 9 (15%) for two to three years. One client did not respond. Seventeen (29%) respondents first heard about Home Care Services from their doctor, 13 (22%) respondents first received information about the service while in hospital, 10 (17%) heard about the service from the Home Care nurse, 9 (15%) from a friend, 8 (13%) from a family member, and 2 (3%) by other means not specified. Clients promptly received services when they were referred to Home Care. For example, 41 (70%) out of 59 clients received Home Care services in less than a week after referral; 14 (24%) waited one to two weeks for someone to begin service; one (2%) of the clients waited between two weeks and a month, and another had to wait more than a month for the commencement of service. Two clients did not respond to this item.

Twenty-eight (48%) client respondents indicated that their discharge from hospital was based on the readily available Home Care services. However, 15 (25%) indicated that this was not the case. Eleven (19%)

Table 4

Information on Client Respondents

Characteristics	Response Categories	(n) Frequency	(%) Percent
For how long have you received Home Care services? (Include past services as well as those currently being received.)	Less than one year	14	23.7
	1 to 2 years	17	28.8
	2 to 3 years	9	15.3
	3 years or more	18	30.5
	No response	1	1.7
How did you first hear of Home Care services?	At the hospital	13	22.0
	From my doctor	17	28.8
	From the Home Care nurse	10	16.9
	From a family member	8	13.6
	From friends	9	15.3
	From a newspaper or pamphlet	0	0.0
	By other means (specify)	2	3.4
After you were first referred to Home Care, how long did it take for someone to begin services?	Less than one week	41	69.5
	Between one and two weeks	14	23.7
	Between two weeks and one month	1	1.7
	More than one month	1	1.7
	No response	2	3.4
If you were in hospital when referred to Home Care, was your release dependent upon the availability of Home Care services?	Yes	28	47.5
	No	15	25.4
	Uncertain or not applicable	11	18.6
	No response	5	8.5
Who are presently involved in assisting you in your home other than Home Care staff?	One person that lives with me	12	20.3
	More than one person that live with me	3	5.1
	Friends	5	8.5
	Other (specify)	13	22.0
	No response	26	44.1
Is coping at home with health care and housework becoming easier or harder for you?	Easier	25	42.4
	Harder	6	10.2
	Much the same as usual	15	25.4
	No response	13	22.0

indicated that they were uncertain whether their release from hospital was dependent upon the availability of Home Care services. Five (9%) respondents did not respond to this item.

Thirteen (22%) client respondents stipulated that immediate family members, in addition to Home Care, were involved in assisting them in their homes; 12 (20%) stated they received assistance from one person living with them; 5 (9%) mentioned friends; and 3 (5%) mentioned more than one person that lived with them. There was no response from 26 (44%). It is likely these 26 had no one helping them.

Twenty-five respondents (42%) indicated that coping at home with health care and housework was becoming easier. Fifteen (25%) claimed it has been much the same; six (10%) mentioned it was harder. Thirteen (22%) clients did not respond; more than likely they were not coping as well as they should.

Descriptive information on Home Care staff respondents. Table 5 shows that 22 of the 35 Home Care staff respondents (63%) were employed as nurses, 7 respondents (20%) were employed as either administrators or office workers, 2 (6%) worked in the capacity with "Aids to Daily Living," 1 (3%) worked as an occupational therapist, 1 (3%) as a physiotherapist, and another (3%) worked with Homemaker Services. One (3%) did not specify his or her area of employment in the program. Twenty-five (71%) respondents were employed on a part-time basis, eight (23%) were employed full time, and the remaining two (6%) respondents were temporarily employed by Home Care.

Twenty-one of the 35 Home Care staff respondents (60%) had five years or more of working experience with Home Care. Eight respondents (23%) had over two years but less than five years' experience with Home

Table 5

Descriptive Information on Home Care Staff Respondents

Characteristics of Employment	Response Categories	(n) Frequency	(%) Percent
Area in which staff are employed	Nursing Services	22	62.9
	Occupational Therapy	1	2.9
	Physiotherapy	1	2.9
	Aids to Daily Living	2	5.7
	Homemaker Services (Home Help)	1	2.9
	Administration/Office	7	20.0
	Other (specify)	1	2.9
Employment status with Wetoka Health Unit's Coordinated Home Care Program	Full-time	8	22.9
	Part-time	25	71.4
	Temporary	2	5.7
Highest level of schooling:	Less than completion of high school	2	5.7
	Completed high school	3	8.6
	Some technical, vocational, college, or university education	4	11.4
	Completed technical, vocational, or college certificate/diploma program	19	54.3
	University degree(s)	7	20.0
Years employed by Wetoka Health Unit's Coordinated Home Care Program	Less than one year	1	2.9
	1 to 2 years	5	14.3
	Over 2 years but less than 5 years	8	22.9
	5 years and over	21	60.0
Years of work experience before being employed by Wetoka Health Unit's Coordinated Home Care Program	Less than one year	1	2.9
	1 to 2 years	4	11.4
	Over 2 years but less than 5 years	6	17.1
	5 years and over	24	68.6

Care, five (14%) had one to two years of experience, and one (3%) had less than one year of working experience with Home Care. Twenty-four (69%) of respondents had five years and over of work experience before being employed by Wetoka Health Unit's Coordinated Home Care Program. Six (17%) had over two years but less than five years, four (11%) had one to two years, and one (3%) had less than one year of work experience before being employed by the Home Care program.

Nineteen of the 35 respondents (54%) had completed technical, vocational, or college certificate/diploma programs; seven (20%) obtained a university degree, four (11%) had some technical, vocational, college, or university education, three (9%) completed high school, and two (6%) had less than completion of high school academic achievement.

Descriptive information on Suppport Services respondents. Table 6 indicates that 13 (62%) of the 21 Support Services respondents were Homemakers and 16 (76%) of them were part-time employees. They had less education than the Home Care staff (29% versus 54% completed technical, vocational, or college certificate or diploma programs, and none versus 20% had obtained a university degree). Two (10%) respondents had been employed for one to two years, 4 (19%) had been employed for two years but less than five years, another 4 (19%) had been employed for less than one year, and 11 (52%) had been employed for five years and over.

Sixteen of the 21 Support Services staff respondents (76%) had five years and over of work experience before being employed by Support Services agency. One (5%) had over two years but less than five years; another (5%) had one to two years; and three (14%) had less than one year of work experience before being employed by Support Services agency.

Table 6

Descriptive Information on Support Services Respondents

Characteristics of Employment	Response Categories	(n) Frequency	(%) Percent
Area in which staff are employed	Volunteer Service	3	14.3
	Homemaker Services	13	61.9
	Personal Care Services	2	9.5
	Administration/Office	3	14.3
Employment status with Support Service Agency	Full-time	5	23.8
	Part-time	16	76.2
Highest level of schooling	Less than completion of high school	6	28.6
	Completed high school	7	33.3
	Some technical, vocational, college, or university education	2	9.5
	Completed technical, vocational, or college certificate/diploma program	6	28.6
	University degree(s)	0	0.0
Years employed by your Support Service Agency	Less than one year	4	19.0
	1 to 2 years	2	9.5
	Over 2 years but less than 5 years	4	19.0
	5 years and over	11	52.4
Years of work experience before being employed by Support Service Agency	Less than one year	3	14.3
	1 to 2 years	1	4.8
	Over 2 years but less than 5 years	1	4.8
	5 years and over	16	76.2

Summary

The data for this study were collected by means of three separate survey questionnaires, one designed for Wetoka Health Unit's Coordinated Home Care Program clients, another for Wetoka Health Unit's Coordinated Home Care Program staff, and the third for Wetoka Health Unit's Coordinated Home Care Program Support Services personnel. Each of the questionnaires was divided into different sections that sought general descriptive information, information on program agreement and satisfaction, rating of program services, program information, and additional comments.

The questionnaires were distributed to the three respondent groups in the following locales in central Alberta: Wetaskiwin, Ponoka, Rimbey, and Winfield. Frequency and percentage distributions and some ranking of differences were used in the description of the population study.

Description of Client Respondents

The findings indicated that the majority of client respondents (90%) were over 65 years old and were mostly females (73%). Slightly under a third of them (31%) received Home Care services for three or more years. A smaller number (29%) first heard of Home Care services from their doctor, others (22%) heard of the services while they were in hospital, some (17%) from the Home Care nurse, a friend (15%), or a family member (13%). Most clients (70%) stipulated that they promptly received Home Care services in less than a week after referral. Moreover, several respondents (48%) indicated that their early discharge from hospital was primarily based on the readily available Home Care services.

A small number (22%) of respondents further indicated that in

addition to Home Care, they received help from immediate family members. Others mentioned that they received help from a person (20%) or persons (5%) residing with them, or from friends (9%). Quite a large number (44%) of clients did not respond to this particular variable. It was therefore assumed that these clients did not receive any other help besides Home Care.

Several respondents (42%) indicated that they were able to cope much easier at home with health care and their household duties since receiving home care. A small number (25%) indicated that there was no change in their coping abilities with everyday household commitments; and others (10%) mentioned that they were finding it harder to cope at home.

Description of Home Care Staff Respondents

The findings indicated that the majority of Home Care staff respondents (91%) were females. They ranged in age from 25 years or less to over 65 years old. Most of them (63%) were employed as nurses. Moreover, 71% of the respondents worked on a part-time basis, 60% of them had five years' or more working experience with Home Care, and 69% had five years and over of work experience before they were employed by the Home Care program. More than half the respondents (54%) had completed formal education in either technical, vocational, or college certificate/diploma programs. Others (20%) obtained a university degree; while some (11%) had technical, vocational, college, or university education.

Description of Support Services Respondents

Findings indicated that the majority of Support Services respondents (95%) were females, ranging in age from 26 years to 65 years old. Most of them (62%) were employed as Homemakers. In addition, the majority of them (76%) were part-time employees; and just over half (52%) had good working experiences, having been employed for five years and over. However, the Support Services respondents had less education than the Home Care staff respondents (e.g., none versus 20% had obtained a university degree).

Chapter IV

Client Perceptions of the Program

In this chapter, the client perceptions of the program are discussed. Included in the chapter are study findings associated with the first four research questions of the study as follows:

1. What are the types of Home Care services being received by clients?
2. How do clients rate the quality of care provided by the Home Care staff?
3. How satisfied are the clients with the various services they are receiving from the program?
4. What are the clients' opinions regarding the best features of the program, serious weaknesses of the program, and suggestions for improving the program?

Types of Home Care Services Received by Clients

The first research question deals with the types of Home Care services being received by clients. As shown in Table 7, from the 13 available Home Care services--Nursing Service, Respiratory Services, Occupational Therapy Services, Physiotherapy Services, Speech Therapy, Provision of Equipment or Supplies (Alberta Aids to Daily Living), Personal Care Services, Homemaker Services, Handyman Services, Meals on Wheels, Volunteer Visitor, Transportation, and others--12 of these services were used by clients. The service most frequently used was Nursing Service, used by 70% of the respondents. Next to Nursing Service was Homemaker Services (48%), then Provision of Equipment or Supplies

Table 7

Services Presently Used by Client Respondents (n=59)

Number of Services Used and Their Frequencies	n	%	Rank
Nursing Service	41	70.0	1
Homemaker Services (housecleaning, shopping)	28	48.0	2
Provision of Equipment or Supplies (Alberta Aids to Daily Living)	22	37.3	3
Personal Care Services	19	32.2	4
Meals on Wheels	7	12.0	5
Transportation	7	12.0	6
Physiotherapy	4	7.0	7
Volunteer Visitor	4	7.0	8
Respiratory Services	3	5.1	9
Occupational Therapy	3	5.1	10
Others (specify)	2	3.4	11
Handyman Services	1	2.0	12
Speech Therapy	0	0.0	13

(37%), Personal Care Services (32%), Meals on Wheels (12%), Transportation (12%), Physiotherapy (7%), Volunteer Visitor (7%), and Respiratory Services (5%), in that order. None of the client respondents reported using Speech Therapy.

A second question asked of respondents was "What Home Care services are you not presently receiving but received in the past?" As shown in Table 8, the most frequently used of the services not presently used but

Table 8

Services Not Presently Used but Used in the Past (n=59)

Number of Services Used and Their Frequencies	n	%	Rank
Nursing Service	16	27.1	1
Meals on Wheels	15	25.4	2
Personal Care Services	11	19.0	3
Homemaker Services (housecleaning, shopping)	11	19.0	4
Provision of Equipment or Supplies (Alberta Aids to Daily Living)	7	12.0	5
Physiotherapy	4	7.0	6
Transportation	3	5.1	7
Others (specify)	3	5.1	8
Respiratory Services	2	3.4	9
Volunteer Visitor	2	3.4	10
Occupational Therapy	1	2.0	11
Handyman Services	0	0.0	12
Speech Therapy	0	0.0	13

used in the past was Nursing Service, used by 27% of respondents. The next most frequently used service in the past was Meals on Wheels (25%); Personal Care Service (19%) was the third most frequently used service in the past, Homemaker Services (19%) was the fourth, and Provision of Equipment or Supplies (12)%, the fifth most frequently used service in the past. The least-used service in the past, ranking eleventh, was Occupational Therapy (2%). None of the respondents used either Handyman

Services or Speech Therapy in the past.

A third question asked of respondents was "Which of the following services do you think you might need in the future?" As shown in Table 9, the most frequently selected of the services expected to be used in the future was Nursing Service, expected to be used by 53% of respondents. The next most frequently selected of the services was

Table 9

Services Expected to be Used in the Future (n=59)

Number of Services Expected to be Used and Their Frequencies	n	%	Rank
Nursing Service	31	53.0	1
Homemaker Services (housecleaning, shopping)	28	48.0	2
Provision of Equipment or Supplies (Alberta Aids to Daily Living)	21	36.0	3
Personal Care Services	16	27.1	4
Transportation	11	19.0	5
Meals on Wheels	10	17.0	6
Volunteer Visitor	8	14.0	7
Physiotherapy	6	10.2	8
Others (specify)	4	7.0	9
Respiratory Services	3	5.1	10
Handyman Services	3	5.1	11
Occupational Therapy	3	5.1	12
Speech Therapy	0	0.0	13

Homemaker Services (48%); Provision of Equipment or Supplies (36%) was the third most frequently selected of the expected future services; Personal Care Services (27%) was the fourth, and Transportation (19%), the fifth most frequently selected of the 13 categories of services expected to be used in the future. The least expected service, ranking twelfth, was Occupational Therapy (5%). None of the respondents were anticipating using Speech Therapy in the future.

Summary

The findings associated with the first research question showed that the services most frequently used by Home Care clients at the time of the study were Nursing Service, Homemaker Services, Provision of Equipment or Supplies, and Personal Care Services. The most frequently used services in the past other than those currently used were Nursing Service, Meals on Wheels, Personal Care Services, and Homemaker Services. The services expected to be used in the future were, in order of frequency of selection, as follows: Nursing Service, Homemaker Services, Provision of Equipment or Supplies, and Personal Care Services. The least used of the services was Handyman Services, and none of the respondents apparently used Speech Therapy or were expected to use it in the future.

In conclusion, Nursing Services was (at the time of the study) the most frequently used service (70%) and in the past had been the most frequently used service other than the services presently used (27%). Nursing Service was also expected to be the most frequently used service in the future (53%). Homemaker Services (also at the time of the study) was the second most frequently used service (48%); in the past it had been the fourth most frequently used service other than the services

presently used (19%), and in the future it was expected to be a close second (48%) to Nursing Service. In addition, Provision of Equipment and Supplies at the time of the study was the third most frequently used service (37%), whereas in the past it had been the fifth most frequently used service other than the services presently used (12%); in the future it was expected to be the third most frequently used service (36%).

Quality of Care Provided by Home Care Staff

The second research question dealt with how the clients rated the quality of care provided by the Home Care staff. An instrument consisting of 16 variables was used to collect information for this research question. For each item, respondents used a five-point scale to indicate whether they strongly agreed, agreed, were uncertain, disagreed, or strongly disagreed with the statement. The 16 items are included in Table 10. These are arranged in rank order according to percentage of respondents showing strong agreement with the statement.

Table 10 reveals that the majority of client respondents (75%) were in strong agreement about the confidence they have in the Home Care staff, and another 24% were in agreement with this statement. Forty-one client respondents (70%) strongly agreed that the Home Care staff treated them with respect, 40 client respondents (68%) strongly agreed that the staff really cared about them and their personal feelings, and 34 client respondents (58%) strongly agreed that the Home Care staff let them tell everything they thought was important; moreover, 34 client respondents (58%) also strongly agreed that if they had any questions pertaining to health care they could easily reach the Home Care staff about them, 31 (53%) client respondents strongly agreed that they felt comfortable

Table 10

Client Ratings of Quality of Home Care Provided

Aspect of Home Care Provided	(n=59) Percent (%) SD	D	U	A	SA	No Response NR	Rank Order SA
I have a great deal of confidence in the Home Care staff who treat me.	1.7	0	0	23.7	74.6	0	1
The Home Care staff treat me with respect.	1.7	0	1.7	25.4	69.5	1.7	2
The Home Care staff really care about me and my feelings.	1.7	0	5.1	25.4	67.8	0	3
The Home Care staff let me tell them everything I think is important.	1.7	0	3.4	32.2	57.6	5.1	4.5*
If I have a question about my health care, I can reach the Home Care staff easily.	1.7	1.7	0	33.9	57.6	5.1	4.5*
I feel comfortable asking the Home Care staff questions.	1.7	1.7	1.7	37.3	52.5	5.1	7*
The Home Care staff explain things in words I can understand.	1.7	3.4	0	35.6	52.5	6.8	7*
Home Care has had a good impact on my life in general.	1.7	1.7	3.4	33.9	52.5	6.8	7*
The Home Care staff spend the right amount of time with me.	1.7	0	1.7	42.4	49.2	5.1	9
Whenever a new Home Care staff member sees me, she (or he) seems to know my problems and my needs.	1.7	3.4	5.1	35.6	47.5	6.8	10
Home Care has made it easier for me to care for myself.	1.7	3.4	11.9	35.6	40.7	6.8	11

(table continues)

Table 10 (continued)

Aspect of Home Care Provided	(n=59) Percent (%) SD	D	U	A	SA	No Response NR	Rank Order SA
Learning to manage at home has made me feel better about myself.	1.7	0	6.8	33.9	39.0	18.6	12
The Home Care staff teach me how to take care of myself.	0	8.5	10.2	35.6	35.6	10.2	13.5*
Home Care has been important in helping me to maintain my family relationships and friendships.	0	3.4	16.9	28.8	35.6	15.3	13.5*
The Home Care staff involved me in decisions about my Home Care program.	3.4	1.7	8.5	42.4	32.2	11.9	15
The Home Care staff discuss my condition with my family whenever necessary.	0	5.1	8.5	37.3	30.5	18.6	16

* = indicates tied ranks.

asking the Home Care staff questions; 31 client respondents (53%) strongly agreed that the staff explained things in words they could understand; also the same percentage of client respondents (53%) strongly agreed that Home Care has had a good impact on their lives in general. These eight aspects had over half of the respondents indicating strong agreement with them.

For the remaining eight items, less than half of the respondents indicated strong agreement. Among the items receiving less positive ratings were: Home Care staff discussed the client's condition with his/her family whenever necessary (31%); Home Care staff involved the

client in decisions about his/her Home Care program (32%); Home Care was important in helping the client to maintain his/her family relationships and friendships (35%); Home Care staff taught the client how to take care of him/herself (36%); learning to manage at home made the client feel better about him/herself (39%); Home Care made it easier for the client to care for him/herself (41%); whenever a new Home Care staff member saw the client, that staff member seemed to have known the client's problem and his/her needs (48%); and Home Care staff spent the right amount of time with him/her (49%).

Summary

The findings for the second research question indicate that the majority of client respondents had great confidence in the Home Care staff who treated them. The clients in large majority believed that the staff treated them with respect as well as being empathetic, caring and understanding of their health-care needs. The staff in displaying such attitudes and professional behavior made the client feel comfortable whenever he/she had to approach any staff member to question anything he/she did not fully understand.

Among the aspects receiving less positive ratings were: learning to manage at home made the client feel better about him/herself; Home Care staff taught the client how to take care of him/herself; Home Care was important in helping the client to maintain his/her family relationships and friendships; Home Care staff involved the client in decisions about his/her Home Care program; and Home Care staff discussed the client's condition with his/her family whenever necessary. This last-mentioned aspect of Home Care received the lowest percentage of strongly agreed

responses of any of the 16 aspects in the scale. Eleven (19%) of the 59 client respondents did not respond to this statement. It was therefore assumed that these 11 clients might not have a family. However, based on these ratings, most clients were in agreement that they were receiving quality Home Care Services.

Client Satisfaction with Services Received

The third research question dealt with how satisfied the clients were with the various services they are receiving from the program. These services are itemized in Table 11. Respondents were asked to rate each service they received on a five-point scale from not at all satisfied (1) to extremely satisfied (5); mean scores were computed from these ratings and ranged from 3.07 to 5.00.

Table 11 shows that certain services were seldom used, for example, Handyman Services, used by one person, and Other Services, used by two persons. Both of these were given average ratings of 5.0. Ratings of 4.4 were given to Provision of Equipment or Supplies and Personal Care Services, both used by just under half of the respondents. Ratings of 4.3 were given to Nursing Services, used by 90% of respondents, and Homemaker Services, used by about half the respondents. Transportation, used by 20% of respondents, and Volunteer Visitor, used by 7% of respondents, both received ratings of 4.0. Respiratory Services, used by 12% of respondents, received an average rating of 3.9; Physiotherapy Services, also used by 12% of respondents, received an average rating of 3.7; and Occupational Therapy Services, used by 8% of respondents, was rated at 3.4 on the average. The lowest ratings of all were for Meals on Wheels, which was used by 24% of respondents and given an average rating

Table 11

Client Respondents' Ratings of Satisfaction with the Various Home Care Services They Received

Services Received	Frequency (n)							Percent (%)					
	Not at All Satis. 1	2	3	4	Ext. Satis. 5	NR	Mean Score	Not at All Satis. 1	2	3	4	Ext. Satis. 5	NR
Nursing Services	5	1	4	9	34	8	4.25	8.5	1.7	6.8	15.3	57.6	10.2
Respiratory Services	1	0	0	1	5	52	3.85	1.7	0	0	1.7	8.5	88.1
Occupational Therapy Services	1	0	0	1	3	54	3.4	1.7	0	0	1.7	5.1	91.5
Physiotherapy Services	0	1	2	2	2	52	3.71	0	1.7	3.4	3.4	3.4	88.1
Provision of Equipment or Supplies (Alberta Aids to Daily Living)	3	0	0	3	18	35	4.38	5.1	0	0	5.1	30.5	59.3
Personal Care Services	3	0	1	2	20	33	4.38	5.1	0	1.7	3.4	33.9	55.9
Homemaker Services (housecleaning, shopping)	2	1	1	9	17	29	4.27	3.4	1.7	1.7	15.3	28.8	49.2
Handyman Services	0	0	0	0	1	58	5.0	0	0	0	0	1.7	98.3
Meals on Wheels	3	2	3	3	3	45	3.07	5.1	3.4	5.1	5.1	5.1	76.3
Volunteer Visitor	0	0	1	2	1	55	4.0	0	0	1.7	3.4	1.7	93.2
Transportation	1	1	1	3	6	47	4.0	1.7	1.7	1.7	5.1	10.2	79.7
Other (specify)	0	0	0	0	2	57	5.0	0	0	0	0	3.4	96.6

Note: Speech Therapy was omitted from this table since no respondent indicated receiving this service currently or in the past.

by them of 3.1.

Another more general item in the questionnaire sought client responses concerning whether or not they found the length of stay in the Home Care program satisfactory. Fifty-seven of the 59 client respondents (97%) indicated that they were satisfied with the length of stay in the Home Care program; the two remaining client respondents (3%) indicated that they were uncertain about this matter.

Table 12 deals with client responses about whether contact with their doctor had changed since receiving Home Care, and if the client respondents' doctor knew what Home Care was doing for them. Almost half of the 59 client respondents (48%) indicated they had no change in contact with their doctor since receiving Home Care services, but 23

Table 12

Client Respondents' Contact with Their Doctor and His Knowledge of What Home Care Is Doing (n=59)

Doctor's Contact	Response Category	(n) Frequency	(%) Percent
Since receiving Home Care services, has your contact with your doctor changed?			
	More frequent contact	5	8.5
	Less frequent contact	23	39.0
	No change in contact	28	47.5
	No response	3	5.1
Does your doctor know what Home Care is doing for you?			
	Yes	51	86.4
	No	1	1.7
	Not sure	6	10.2
	No response	1	1.7

(39%) had less contact with their doctor. The majority of client respondents (86%) provided a positive indication that their doctor knew what Home Care was doing for them. From this response, it was assumed that client respondents were satisfied that their doctor was kept informed on what health care they were receiving from Home Care services.

Summary

The findings for the third research question indicate that most of the client respondents were receiving Nursing Services, and the majority of these were highly satisfied with the Nursing Services they received from Home Care. Client respondents who were using other Home Care services were, on average, highly satisfied with these services, especially Personal Care Services, Provision of Equipment or Supplies, and Homemaker Services. In addition, the majority of client respondents indicated that they were satisfied with the length of stay in the Home Care program.

Furthermore, the majority of client respondents indicated that their doctor was fully aware of what was done for them by Home Care. It was therefore assumed that the client respondents were satisfied that their doctor was kept informed on the Home Care services they receive. Almost half of the client respondents stipulated that contact with their doctor since receiving Home Care services was the same, and two-fifths of these clients felt that contact with their doctor had decreased. It was assumed from those responses that Home Care was providing an additional service to that provided by their doctor for some of the clients, but for others it was providing a service their doctor would otherwise have to provide.

Best Features, Negative Features, and Suggestions for Improving Home Care Services

The fourth research question deals with clients' opinions regarding the best features of the Home Care services received, bad experiences with Home Care, and suggestions for improving the Home Care services.

Respondents provided written answers to open-ended questions on these three matters. Thirty-four of the 59 client respondents mentioned that the best feature of Home Care Services was Nursing Service; 12 of the 59 client respondents mentioned Homemaker Services as the best feature; 6 respondents mentioned that Personal Care Services were the best features, 3 stated that Provision of Equipment or Supplies were the best features; 4 mentioned that Nursing Services and Homemaker Services together were the best features; 2 mentioned Nursing Services and Personal Care Services together as the best features; and another stated that Meals on Wheels was the best feature of the program. Five client respondents did not comment on this matter.

Five of the 59 client respondents mentioned they had bad experiences with Nursing Service, Provision of Equipment or Supplies, Homemaker Services, Meals on Wheels, and the Home Care staff. Of these five respondents, one stated that "Nursing Service is not always the best"; two claimed that Meals on Wheels were "often too cold and not properly prepared"; one of the respondents claimed that some of her personal household ornaments were "broken by someone from the Homemaker Services and the accident was never reported to [her]"; another client respondent mentioned that the Home Care staff was "generally very disinterested and lacking in knowledge."

In regard to any suggestions for improving Home Care services, 31 of

the 59 client respondents provided no such suggestions. Ten respondents wanted to have more Physiotherapy Services available in the program; six respondents were not satisfied with the Nursing Service and would therefore like to see some changes made to improve the standard of care in this area; five respondents wanted to see improvement in Meals on Wheels; five respondents suggested that "more financial help is required"; one respondent commented that she "would like to have more honesty in the service delivery system, as one area of Home Care services was receiving money for service not done"; and another respondent recommended that better Handyman Services are required to help improve program services.

Summary

The majority of clients stipulated that the best feature of the program was Nursing Service; another fifth of the respondents identified Homemaker Services as the best feature; small numbers identified Personal Care Services, Provision of Equipment and Supplies, or a combination of two services. A small number of respondents commented that they had bad experiences with the program, in particular with Nursing Service, Provision of Equipment or Supplies, Homemaker Services, Meals on Wheels, and the Home Care staff. A little more than half the number of client respondents (31) had no comments to make regarding any suggestions for improving Home Care Services. It was therefore assumed that these respondents were satisfied with the Home Care Services offered by the program. The remaining respondents (28) identified Physiotherapy Services, Nursing Service, Meals on Wheels, more finance, honesty in the

service delivery system, and Handyman Services as areas in the program that required improvement.

Summary

In this chapter the findings of the study related to client perceptions of the program are discussed. Included in the chapter are study findings associated with the first four research questions of the study.

The first research question dealt with the types of Home Care services received by clients. Findings showed that the service most frequently used by client respondents was Nursing Service, then Homemaker Services, Provision of Equipment or Supplies, Personal Care Services, Meals on Wheels, Transportation, Physiotherapy, Volunteer Visitor, and Respiratory Services, in that order of frequently used services. Handyman was the service least used, and no client respondent apparently used Speech Therapy.

Clients were asked, "What Home Care Services are you not presently receiving but received in the past?" The findings showed that the most frequently used past services other than those presently used were Nursing Service, Meals on Wheels, Personal Care Services, and Homemaker Services.

They were also asked, "Which of the following services do you think you might need in the future?" The findings showed that the services expected to be used most frequently in the future were Nursing Service, Homemaker Services, Provision of Equipment or Supplies, and Personal Care Services.

The second research question dealt with how the clients rated the

quality of care provided by the Home Care staff. Findings showed that the majority of client respondents had great confidence in the Home Care staff who treated them. A large number of client respondents also believed that the Home Care staff treated them with respect. In addition, client respondents found the staff to be empathetic, caring, and understanding of their health needs.

The aspects with less positive ratings included: learning to manage at home made the client feel better about him/herself; Home Care staff taught the client how to take care of him/herself; Home Care was important in helping the client to maintain his/her family relationship; and Home Care staff involved the client in discussions about his/her Home Care program. The aspect which received the lowest percentage of the strongly agreed responses by client respondents was Home Care staff discussed the client's condition with his/her family whenever necessary.

The third research question dealt with how satisfied the clients were with the various services they were receiving from the program. The findings showed that the majority of client respondents were extremely satisfied with Nursing Service, Personal Care Services, and Provision of Equipment or Supplies, and, in addition, they were satisfied with the length of stay in the Home Care program. Client respondents were also satisfied knowing that their doctor knew what Home Care was doing for them. Although a large number of client respondents mentioned that contact with their doctor since receiving Home Care services "was the same," almost two-fifths claimed they had less contact with their doctor. It seemed that the provision of Home Care service, at least for some of the respondents, decreased the need for visits with their doctor.

The fourth research question dealt with clients' opinions regarding

the best feature of the Home Care Services received, bad experiences with Home Care, and suggestions for improving the Home Care Services. Findings from written answers to open-ended questions by respondents showed that the majority of client respondents stipulated Nursing Service was the best feature, and the next most frequently mentioned response was Homemaker Services. The great majority of clients did not identify any bad experiences with the program; a small number of client respondents mentioned they had bad experiences with Nursing Service, Provision of Equipment or Supplies, Homemaker Services, Meals on Wheels, and the Home Care staff. The majority of client respondents did not provide any suggestions for improving the program. However, a small number of client respondents wanted improvement in the following services: Nursing Service, Physiotherapy, Meals on Wheels, and Handyman Services. Some client respondents also wanted the provincial government to increase the program's annual budget, which they believed would facilitate achieving a better standard of Home Care.

Chapter V

Home Care Staff and Support Services Staff Perceptions of the Program

This chapter reports the findings of the study in relation to three research questions of the study on (a) emphasis being placed on and preferred with respect to the various home care program goals, (b) satisfaction of support services staff in relation to their working conditions, and (c) strengths and weaknesses of the program, and suggestions for improving the program. Specifically, the three remaining research questions of the study are as follows:

5. What are the Home Care staff and Support Services staff perceptions regarding the goals of the program?
6. What is the level of satisfaction by Support Services staff with selected aspects of the program?
7. What are the Home Care staff and Support Services staff opinions regarding the best features of the program and serious weaknesses of the program, and what suggestions do they have for improving the program?

Program Goals

Client-Related Program Goals

The fifth research question dealt with the Home Care staff and Support Services staff perceptions regarding the goals of the program. Respondents were asked to indicate (a) how much emphasis they felt <u>is</u> placed on each of the program goals in the Wetoka Health Unit's

Coordinated Home Care Program, and (b) how much emphasis they felt should be placed on each goal. The response key was: 1 - None; 2 - A Little; 3 - Moderate; 4 - Great; and 5 - Very Great. Table 13 presents the findings for these two categories of respondents.

Home Care staff perceptions of actual emphasis given to client-related goals. Table 13 shows that the mean scores for the nine client-related program goals rated by Home Care staff ranged from 2.9 to 4.4 in the "is" response category. The Home Care respondents indicated that the item (#2) pertaining to "helping the client who is terminally ill to live at home in comfort and dignity as long as possible" had the highest mean (4.4). The item ranking second (#1) was "helping the client who is handicapped or suffering from long-term illness to live and cope at home with his disability" (4.3). The third-ranked item (#7) was "including significant others while planning an individual client's care" (4.1). The fourth-ranked item (#3) was "helping the client who is handicapped or suffering from long-term illness to develop a more independent life" (4.0). The fifth-ranked item (#4) was "working with other community agencies for the benefit of the chronically ill or handicapped individual" (3.9). The sixth-ranked item (#8) was "ensuring effective evaluation of the program" (3.8). The item ranking seventh (#6) was "promoting community awareness and understanding of Wetoka Health Unit's Coordinated Home Care Program" (3.4) Two items were tied for rank 8.5. These were item 5, "providing temporary crisis and family relief services" (2.9), and item 9, "helping in the development of residential services for the chronically ill or handicapped individual" (2.9). High ratings (4.0 or higher) were assigned by Home Care staff for the first four client-related program goals mentioned above (#2, #1, #7,

Table 13

Staff Perceptions of Degree of Emphasis Placed on Client-Related Program Goals

Program Goals		Home Care Staff (n=35)					Support Services Staff (n=21)				
		n	$\bar{x}$	Diff.	SD	Rank	n	$\bar{x}$	Diff.	SD	Rank
1. Helping the client who is handicapped or suffering from long-term illness to live and cope at home with his disability.											
	is	35	4.3		.83	2	21	4.1		.73	4.5*
	should be	34	4.6	.3	.56	2.5*	18	4.4	.3	.62	8.5*
2. Helping the client who is terminally ill to live at home in comfort and dignity as long as possible.											
	is	35	4.4		.70	1	20	4.2		.77	2.5*
	should be	34	4.8	.4	.43	1	14	4.5	.3	.52	3.5*
3. Helping the client who is handicapped or suffering from a long-term illness to develop a more independent life.											
	is	35	4.0		.94	4	21	4.0		.97	6
	should be	33	4.6	.6	.50	2.5*	15	4.4	.4	.51	8.5*
4. Working with other community agencies for the benefit of the chronically ill or handicapped individual.											
	is	33	3.9		.97	5	21	3.9		1.01	8.5*
	should be	33	4.3	.4	.73	5.5*	14	4.5	.6	.52	3.5*
5. Providing temporary crisis and family relief services.											
	is	34	2.9		.93	8.5*	21	4.1		.66	4.5*
	should be	34	3.7	.8	1.04	8	14	4.4	.3	.51	8.5*
6. Promoting community awareness and understanding of Wetpka Health Unit's Coordinated Home Care Program.											
	is	34	3.4		.86	7	21	3.9		.91	8.5*
	should be	33	4.3	.9	.68	5.5*	14	4.4	.5	.65	8.5*

(table continues)

Table 13 (continued)

Program Goals	Home Care Staff (n=35) n	$\bar{x}$	Diff.	SD	Rank	Support Services Staff (n=21) n	$\bar{x}$	Diff.	SD	Rank
7. Including significant others while planning an individual client's care.										
is	35	4.1		.81	3	21	3.9		.77	8.5*
should be	33	4.5	.4	.62	4	13	4.5	.6	.66	3.5*
8. Ensuring effective evaluation of the program.										
is	33	3.8		.86	6	18	3.9		.76	8.5*
should be	32	4.2	.4	.57	7	13	4.9	1.0	.38	1
9. Helping in the development of residential services for the chronically ill or handicapped individual.										
is	32	2.9		1.03	8.5*					
should be	31	3.6	.6	.96	9					
10. Helping the client who is suffering from short-term illness to return to maximum functioning level, by providing short-term treatment.										
is						20	4.3		.73	1
should be						14	4.5	.2	.65	3.5*
11. Helping in the development of Support Services in the home for those who are chronically ill or handicapped.										
is						20	4.2		.70	2.5*
should be						14	4.6	.4	.50	2

$\bar{x}$ = the mean of responses for the goals.
Diff. = Difference between "is" and "should-be" mean
SD = Standard Deviation of scores for the items
*2.5 = Represented tied rank
*4.5 = Represented tied rank
*5.5 = Represented tied rank
*8.5 = Represented tied rank

and #3). Ratings between 3.4 and 3.9 were assigned for three client-related goals (#4, #8, and #6). The lowest ratings were assigned for the remaining two client-related program goals (#5 and #9).

Support Services staff perceptions of actual emphasis given to client-related goals. Table 13 shows that the mean scores for the 10 client-related program goals rated by the Support Services staff ranged from 3.9 to 4.3 in the "is" response category. Support Services staff respondents indicated that item #10, "helping the client who is suffering from short-term illness to return to maximum functioning level, by providing short-term treatment," had the highest mean (4.3), and so ranked first among the 10 goal items. Two items with the same mean scores, both shared the ranking of 2.5. These were item 2, "helping the client who is terminally ill to live at home in comfort and dignity as long as possible" (4.2), and item 11, "helping in the development of Support Services in the home for those who are chronically ill or handicapped" (4.2). The next-highest rated items (#1 and #5), ranking 4.5, were "helping the client who is handicapped or suffering from long-term illness to live and cope at home with his disability" (4.1) and "providing temporary crisis and family relief services" (4.1). The sixth-ranking item, #3, was "helping the client who is handicapped or suffering from long-term illness to develop a more independent life" (4.0). The remaining four items (#4, 6, 7, and 8), all with the same mean score (3.9) and ranking 8.5, were "working with other community agencies for the benefit of the chronically ill or handicapped individual," "promoting community awareness and understanding of Wetoka Health Unit's Coordinated Home Care Program," "including significant others while planning an individual client's care," and "ensuring

effective evaluation of the program."

Comparison of Home Care staff perceptions with Support Services staff perceptions of actual emphasis given to client-related goals. The highest mean score (4.4) for Home Care staff perceptions of actual emphasis given to the various client-related program goals was (item #2) "helping the client who is terminally ill to live at home in comfort and dignity as long as possible." This item had the second highest mean (4.2) for Support Services perceptions of actual emphasis given to the various client-related program goals. Because two of the Support Services items (#2 and 11) had this mean of 4.2, the ranking was 2.5. Home Care staff's second highest mean (4.3) was "helping the client who is handicapped or suffering from long-term illness to live and cope at home with his disability" (item #1). This item had a mean of 4.1 for Support Services staff, ranking 4.5. Item #7 for Home Care staff had the third highest mean (4.1), whereas the same item (#7) had a mean (3.9) that was ranked 8.5 for Support Services staff. Home Care staff's fourth-ranked item (#3) had a mean of 4.0. Support Services staff's mean for this item was also 4.0, but it ranked sixth. Home Care staff's fifth-ranked client goal ranked 8.5 for Support Services, yet the mean for both groups was exactly the same (3.9). Other items ranked 8.5 for Support Services staff perceptions of the various client-related program goals were items #6, 7, and 8. These items ranked 7, 3, and 6, respectively, based on the Home Care staff ratings.

The item with the sixth-ranked mean (3.8) for Home Care staff was item 8, "ensuring effective evaluation of the program." As indicated above, this item had a mean of 3.9 and ranked 8.5 for the Support Services staff. As evident in Table 13, there was very little difference

in the means for the two groups of staff respondents in relation to most of the goal items they rated in common, with perhaps two exceptions. Home Care staff's seventh-ranked item (#6) had a mean of 3.4, whereas this same item had a mean of 3.9 for Support Services staff and was ranked 8.5. Items 5 and 9 both had means of 2.9 and shared the ranking of 8.5 for the Home Care staff. Item #5, however, with a mean of 4.1 ranked 4.5 for Support Services staff. The other item (#9) with the lowest mean (2.9) for the Home Care staff was "helping in the development of residential services for the chronically ill or handicapped individual"; this item was not rated by the Support Services staff.

The remaining two items in Table 13 (items #10 and 11) were completed only by the Support Services staff.

Summary. In comparing the two sets of perceptions concerning actual client-related program goals, it is evident that there is close agreement between the Home Care staff and the Support Services staff in relation to three of these items, where the rankings differ by a small amount (2 or less). These items (#2, 3, and 6) were "helping the client who is terminally ill to live at home in comfort and dignity as long as possible" (item #2), "helping the client who is handicapped or suffering from long-term illness to develop a more independent life" (item #3), and "promoting community awareness and understanding of Wetoka Health Unit's Coordinated Home Care Program" (item #6).

There was a difference of more than two in the rankings of the remaining program goals. These items (#1, 4, 5, 7, and 8) in particular were "helping the client who is handicapped or suffering from long-term illness to live and cope at home with his disability" (item #1), "working with other community agencies for the benefit of the chronically ill or

handicapped individual" (item #4), "providing temporary crisis and relief services" (item #5), "including significant others while planning an individual client's care" (item #7), and "ensuring effective evaluation of the program" (item #8).

In all but one of these (item #5) Home Care staff rankings of perceptions of actual emphasis given ("is") was higher than Support Services staff rankings of these perceptions. In interpreting the data caution must be exercised because higher rankings are not always linked to higher ratings, for example, items 4 and 8. Noteworthy too in making comparisons is that the range in ratings for Home Care staff was much greater (2.9 to 4.4), whereas for Support Services staff it was relatively small (3.9 to 4.3).

Home Care staff perceptions of preferred emphasis on client-related goals. Table 13 shows that the mean scores for the nine client-related program goals rated by the Home Care staff ranged from 3.6 to 4.8 in the "should be" response category. The Home Care respondents indicated that high emphasis "should be" placed on the second goal (item #2), "helping the client who is terminally ill to live at home in comfort and dignity as long as possible." This item (#2) had the highest mean (4.8). The next highest rating was for two items (#1 and 3) with the same mean scores, both ranking 2.5. These goals are "helping the client who is handicapped or suffering from long-term illness to live and cope at home with his disability" (4.6) and "helping the client who is handicapped or suffering from long-term illness to develop a more independent life" (4.6). The item ranking fourth (#7) was "including significant others while planning an individual client's care" (4.5). The next highest items (#4 and #6), ranking 5.5, were "working with other community

agencies for the benefit of the chronically ill or handicapped individual" (4.3) and "promoting community awareness and understanding of Wetoka Health Unit's Coordinated Home Care Program" (4.3). The next item (#8), ranking seventh, was "ensuring effective evaluation of the program" (4.2). The eighth item (#5) was "providing temporary crisis and family relief services" (3.7). The lowest-ranking item (#9) was "helping in the development of residential services for the chronically ill or handicapped individual" (3.6).

Support Services staff perceptions of preferred emphasis on client-related goals. Table 13 shows that the mean for the 10 client-related program goals rated by Support Services staff ranged from 4.4 to 4.9 in the "should be" response category. Support Services staff respondents indicated that high emphasis "should be" placed on item (#8), "ensuring effective evaluation of the program." This item (#8) had the highest mean (4.9). The second-ranked item (#11) was "helping in the development of Support Services in the home for those who are chronically ill or handicapped" (4.6). The items with the next-highest ratings (4.5) (#2, #4, #7, and #10), all sharing rankings of 3.5, were "helping the client who is terminally ill to live at home in comfort and dignity as long as possible," "working with other community agencies for the benefit of the chronically ill or handicapped individual," "including significant others while planning an individual client's care," and "helping the client who is suffering from short-term illness to return to maximum functioning level, by providing short-term treatment." The four remaining items (#1, #3, #5, and #6), all with the same mean (4.4) and tied rankings of 8.5, were "helping the client who is handicapped or suffering from long-term illness to live and cope at home with his

disability," "helping the client who is handicapped or suffering from long-term illness to develop a more independent life," "providing temporary crisis and family relief services," and "promoting community awareness and understanding of Wetoka Health Unit's Coordinated Home Care Program."

Comparison of Home Care staff perceptions with Support Services staff perceptions of preferred emphasis on client-related goals. The item with the highest mean for preferred emphasis regarding Home Care staff perceptions of the various client-related program goals (#2) was "helping the client who is terminally ill to live at home in comfort and dignity as long as possible" (4.8). This item had the third highest mean (4.5), and ranked 3.5, for preferred emphasis as rated by Support Services staff. There were two items (#1 and 3) tied for the second highest mean scores (4.6) and ranked 2.5 for the Home Care staff. These were "helping the client who is handicapped or suffering from long-term illness to live and cope at home with his disability" and "helping the client who is handicapped or suffering from long-term illness to develop a more independent life." Both these items (#1 and 3) were ranked 8.5 and had the lowest mean scores (4.4) for Support Services staff perceptions of the various client-related program goals. The seventh item, ranked fourth, for Home Care staff was "including significant others while planning an individual client's care" (4.5). This item (#7) also had a mean of 4.5, but was ranked 3.5, for Support Services staff. Both items 4 and 6 for Home Care staff had a mean of 4.3 and a tied ranking of 5.5. These items (#4 and 6) were "working with other community agencies for the benefit of the chronically ill or handicapped individuals" and "promoting community awareness and understanding of

Wetoka Health Unit's Coordinated Home Care Program." Item #4 had a slightly higher mean (4.5) and ranked 3.5, whereas item #6 had a mean of 4.4 and ranked 8.5 for the Support Services staff. Item 8, ranking seventh for Home Care staff, was "ensuring effective evaluation of the program" (4.2). This item had the highest mean (4.9) and therefore was ranked first among the 10 client-related program goals that were rated by Support Services staff in the "should be" response category. The item ranked eighth (#5) for Home Care staff was "providing temporary crisis and family relief services" (3.7). This item had a mean of 4.4 when rated by the Support Services staff, ranking 8.5. The ninth-ranked item (#9) with the lowest mean for the Home Care staff (3.6) was "helping in the development of residential services for the chronically ill or handicapped individual." This item was not rated by Support Services staff. Home Care staff respondents likewise were not asked to rate items 10 and 11.

Summary. When the rankings of the preferred emphases on client-related program goals by Home Care staff and by Support Services staff were compared, a difference in rank order of two or less was found for three of these items. These items (#4, #5, and #7) were "working with other community agencies for the benefit of the chronically ill or handicapped individual" (item #4), "providing temporary crisis and relief services" (item #5), and "including significant others while planning an individual client's care" (item #7). There was a difference of more than two in the rankings of the other program goals. These items (#1, #2, #3, #6, and #8) were "helping the client who is handicapped or suffering from long-term illness to cope at home with his disabilities" (item #1), "helping the client who is terminally ill to live at home in comfort and

dignity as long as possible" (item #2), "helping the client who is handicapped or suffering from long-term illness to develop a more independent life" (item #3), "promoting community awareness and understanding of Wetoka Health Unit's Coordinated Home Care Program" (item #6), and "ensuring effective evaluation of the program" (item #8). For four of the five goals where differences in rankings were two or more, Home Care staff had the higher rankings--although not always the highest rating (#6). For goal item #8 Support Services staff had the higher rating and the higher ranking.

For the eight goals rated by both groups, only three had a difference in mean of over 0.2 on the five-point scale used. For two of these goals, "providing temporary crisis and family relief services" (#5) and "ensuring effective evaluation of the program" (#8), the Support Services staff assigned the higher ratings, suggesting that they would like these goals to have higher emphasis than would the Home Care staff. For the third of these goals, "helping the client who is terminally ill to live at home in comfort and dignity as long as possible" (#2), the Home Care staff assigned a higher rating, suggesting that they would like this goal to have higher emphasis than would the Support Services staff.

Comparison of Actual and Preferred Emphases

Table 13 shows that the mean scores for the nine client-related program goals rated by Home Care staff ranged from 3.6 to 4.8 for preferred emphasis; and for Support Services staff, this range was from 4.4 to 4.9. The mean scores for actual emphasis as perceived by Home Care staff ranged from 2.9 to 4.4; and for Support Services staff, this range was from 3.9 to 4.3. Preferred emphasis mean scores for both the

Home Care staff and Support Services staff were higher for all goal items.

These higher means for the preferred emphases obviously indicated that both the Home Care staff and Support Services staff would like more done to improve the quality of client care in relation to all 11 specific client-related program goals. The magnitude of the difference between means is shown in the third and the eighth columns of Table 13. Since greater emphasis on all 11 goals is highly unlikely given budget and personnel constraints, emphasis should be given to those goals where differences between "is" and "should be" are greatest. For example, if differences exceeding .5 were the guiding criterion, then according to Home Care staff, more emphasis should be placed on goal items 3, 5, 6, and 9. These deal with the following client goals: "helping the client who is handicapped or suffering from a long-term illness to develop a more independent life" (item #3), "providing temporary crisis and family relief services" (item #5), "promoting community awareness and understanding of Wetoka Health Unit's Coordinated Home Care Program" (item #6), and "helping in the development of residential services for the chronically ill or handicapped individual" (item #9).

According to Support Services staff, more emphasis should be placed on client goal items #4, 7, and 8, which deal with these three goals: "working with other community agencies for the benefit of the chronically ill or handicapped individual" (item #4), "including significant others while planning an individual client's care" (item #7), and "ensuring effective evaluation of the program" (item #8). Noteworthy are the different perceptions of Home Care staff and Support Services staff concerning which goals should be given greatest increased attention.

Staff-Related Program Goals

Table 14 presents the findings of the study in relation to Home Care staff perceptions of the degree of emphasis actually placed ("is") and degree of emphasis preferred ("should be") in relation to four staff-related program goals. Support Services staff did not rate these items.

Home Care staff were asked to indicate (a) how much emphasis they felt is placed on each of the program goals in the Wetoka Health Unit's Coordinated Home Care Program, and (b) how much emphasis they felt should be placed on each goal. The response key was 1 - None; 2 - A Little; 3 - Moderate; 4 - Great; and 5 - Very Great.

Home Care staff perceptions of actual emphasis given to staff-related goals. Table 14 shows that the means for the four staff-related program goals ranged from 3.9 to 4.2 in the "is" response category. Home Care staff respondents indicated that the item "providing opportunities for staff to participate in Continuing Education Programs" (#1) had the highest mean (4.2) and was therefore ranked first. Items 3 and 4 were tied for second highest mean scores (ranked 2.5). These items are "providing a working atmosphere that supports staff members in the performance of their duties" (4.1) and "evaluating the performance of staff members" (4.1). The fourth-ranked item was item 2, "providing opportunities for staff to pursue career goals" (3.9).

Home Care staff perceptions of preferred emphasis on staff-related goals. Table 14 shows that the mean scores for the four staff-related program goals rated by the Home Care staff ranged from 4.1 to 4.6 in the "should be" response category. Home Care staff respondents indicated that item 3, "providing a working atmosphere that supports staff members

Table 14

Wetoka Health Unit's Home Care Staff Perceptions About Emphasis Placed on Staff-Related Program Goals (n=35)

Items Asked Home Care Staff Only	% None 1	A Little 2	Moderate 3	Great 4	Very Great 5	NR	n	$\bar{x}$	Difference	Rank
1. Providing opportunities for staff to participate in Continuing Education Programs:										
is	0	0	14	51	34	0	35	4.2		1
should be	0	0	6	54	37	3	34	4.3	0.1	3
2. Providing opportunities for staff to pursue career goals:										
is	3	0	31	34	26	6	33	3.9		4
should be	0	0	17	46	29	9	32	4.1	0.2	4
3. Providing a working atmosphere that supports staff members in the performance of their duties:										
is	0	0	26	40	34	0	35	4.1		2.5*
should be	0	0	3	31	60	6	34	4.6	0.5	1
4. Evaluating the performance of staff members:										
is	0	6	17	34	40	3	34	4.1		2.5*
should be	0	0	6	43	46	6	33	4.4	0.3	2

* Tied ranks.

in the performance of their duties," had the highest mean (4.6). The item with the second-highest average rating (#4) was "evaluating the performance of staff members" (4.4). The third-ranked item (#1) was "providing opportunities for staff to participate in Continuing Education Programs" (4.3). The fourth-ranked item (#2) with the lowest mean (4.1) was "providing opportunities for staff to pursue career goals."

Comparison of actual and preferred emphases for staff-related goals. Table 14 shows that the mean scores for actual emphasis on the four staff-related goals ranged from 3.9 to 4.2 on the five-point scale used, and the mean scores for preferred emphasis ranged from 4.1 to 4.6. Item 1, "providing opportunities for staff to participate in Continuing Education Programs," had the highest mean (4.2) in the actual emphasis category. This item (#1) was, however, ranked third (4.3) in the preferred emphasis category. It is noteworthy that the difference between preferred and actual emphasis for item 1 is smaller than for any of the other three items, suggesting a reasonably high satisfaction with continuing education opportunities for staff. Item 3, "providing a working atmosphere that supports staff members in the performance of their duties," had the highest mean (4.6) for preferred emphasis, but was tied for the rank of 2.5 with item 4 in the actual emphasis category. Among the four items, the difference between actual and preferred emphasis was greatest for this item, suggesting perhaps more attention to providing an atmosphere that supports staff members in the performance of their duties. Item 4, "evaluating the performance of staff members," was ranked second (4.4) for preferred emphasis and ranked 2.5 for actual emphasis (4.1). Item 2, "providing opportunities for staff to pursue career goals," was ranked fourth both for actual and for preferred

emphases. For this item (#2), the mean was 3.9 for actual emphasis, and for preferred emphasis, the mean was 4.1.

In summary, mean scores for preferred emphasis ("should be") were slightly higher than mean scores for actual emphasis ("is") for three of the four staff-related program goals. These items are "providing opportunities for staff to participate in Continuing Education Programs" (item #1), "providing opportunities for staff to pursue career goals" (item #2), and "evaluating the performance of staff members" (item #4). As the scores in the "Difference" column suggest, actual emphasis given to each of these three staff-related program goals is very close to what is preferred.

As indicated above, the greatest difference between actual and preferred (.5) was found for item 3, "providing a working atmosphere that supports staff members in the performance of their duties," suggesting more attention may be needed in this area.

Working Conditions

The sixth research question dealt with the level of satisfaction by Support Services staff with selected aspects of the program. An instrument consisting of five items was used to collect information for this research question. The five items are included in Table 15. Mean scores were computed from the responses to each item, and these were ranked as shown in the table.

Respondents were provided with the following key for use with the above-mentioned five items: 1 - Not at all satisfied; 2 - Slightly satisfied; 3 - Moderately satisfied; 4 - Highly satisfied; 5 - Very highly satisfied.

Table 15

Support Services Staff Ratings of Satisfaction with Selected Aspects of the Program

Satisfaction with Working Conditions	n	x	sd	Rank
1. Satisfaction with working relationships between Support Services Agency and Home Care program.	21	3.95	.92	3.5*
2. Satisfaction with coordination of services between Support Services Agency and Home Care program.	18	4.00	.97	2
3. Satisfaction with way in which authorization for Support Services is given by Home Care program.	20	3.60	.88	5
4. Satisfaction with supervision given by Home Care program.	20	3.95	.89	3.5*
5. Overall satisfaction with Home Care program offered by the Wetoka Health Unit.	20	4.10	.79	1

* Indicates tied ranks.

The mean scores for these items ranged from 3.60 to 4.10 on the five-point scale used. The highest ranked item was "overall satisfaction with the Home Care program offered by the Wetoka Health Unit." The second-ranked item was "satisfaction with coordination of services between the Support Services Agency and the Home Care program" (4.0). Tied for third rank (3.5) were (a) "satisfaction with the working relationships between Support Services Agency and Home Care program" (3.95), and (b) "satisfaction with supervision given by Home Care program" (3.95). The fifth-ranked item was "satisfaction with the way in which authorization for Support Services is given by the Home Care program" (3.60). The difference between the average rating for this item

and the average ratings for the second-lowest rated items (3.95) was greater than the difference in ratings between any other pair of items, suggesting a need to examine the "way in which authorization for Support Services is given by the Home Care program." The reasonably high satisfaction rating by Support Services staff of the Home Care program offered by the Wetoka Health Unit seems reassuring.

Summary

The findings reveal that the Support Services Agency respondents were, with perhaps one exception, quite satisfied with these aspects of the Home Care program. Satisfaction levels in four of the five areas were quite high, being either at 4.0 or very close to this figure on the five-point scale used.

Staff Opinions of the Program and Suggestions for Program Improvement

The seventh research question dealt with Home Care staff and Support Services staff opinions regarding (a) the best features of the Home Care Services, (b) serious weaknesses of Home Care Services, and (c) suggestions for improving the Home Care Services program. This information is summarized in this section. Also included in this section are the suggestions for improving the services provided by support services.

The raw data for this section of the thesis were written answers by respondents to open-ended questions on these four matters.

Home Care Staff Opinions Regarding the Best Features of the Program

Table 16 shows that 19 of the 35 Home Care staff respondents were of the opinion that the best feature of the program was the caring and loving attitudes toward clients as shown by their professional colleagues. Four staff respondents mentioned professional dedication and a good sense of responsibility as the best features of the program; three respondents stipulated knowledgeable and flexible staff as best features; four respondents mentioned enabling the client to remain at home instead of being placed in an institution or nursing home as one of the best features of the program; two respondents claimed the closeness, co-operation, and good relationships among the staff as a "best feature" of the program; and one respondent mentioned that the good rapport with professional agencies within the community was also one of the best features of the Home Care program. Two of the 35 Home Care staff respondents did not comment on this matter.

Home Care Staff Opinions Regarding Serious Weaknesses of the Program

Table 17 shows that 16 of the 35 Home Care staff respondents were of the opinion that serious weaknesses of the program entailed monetary cutbacks by the provincial government. Some elaborated that these cutbacks restricted the time and quality of the client care the Home Care staff was able to give. Eleven of the 35 respondents mentioned too much time was devoted to charting, documentation, and unnecessary paperwork, and very little time spent on addressing clients' problems. The Home Care staff respondents saw these as serious weaknesses of the program. Four respondents also mentioned that there were poor communications and co-operation with doctors in helping to coordinate care for the client.

Table 16

Positive Features of the Program

Features Identified	Number Identifying the Features	
	Home Care Staff (n=35)	Support Services Staff (n=21)
1. Caring and loving attitudes of staff	19	13
2. Professional dedication and good sense of responsibility of staff	4	3
3. Helping client to remain at home	4	3
4. Knowledgeable and flexible staff	3	3
5. Closeness, co-operation, and good relationship among the staff	2	3
6. Good rapport with professional agencies within the community	1	-
7. Home Care staff good working relationship with the "Homemakers"	-	1
8. Provision of services for the elderly clients in their homes	-	1
9. No response	2	1

Table 17

Negative Features of the Program

Features Identified	Number Identifying the Features	
	Home Care Staff (n=35)	Support Services Staff (n=21)
1. Monetary cutbacks by the provincial government	16	4
2. Excessive and unnecessary paperwork	11	2
3. Poor communication with doctors	4	-
4. Coordinator lack of knowledge about client	1	-
5. Does not promote client independence	1	-
6. Better salaries for staff	1	-
7. Insufficient information to the public regarding the availability of Home Care service	1	-
8. Nursing staff too rushed when making home visits	-	2
9. Not sufficient contact time between Support Services and the Home Care supervisor or coordinator	-	1
10. Failure of the Home Care staff to keep Support Services informed of client leaving home for hospital	-	1
11. Inability of Home Care staff to get extended families of client involved in program activities	-	1
12. Insufficient time allocated to discuss with Support Services the best help they have to offer in meeting the needs of the client	-	1
13. No response	2	3

One of the respondents mentioned that "the system can be drained by clients misusing it because of the lack of knowledge the coordinator has about clients." One respondent mentioned that the lack in promoting client independence, better salaries for staff, and clear directions to the public about the availability of Home Care services were also some of the serious weaknesses of the program. Two Home Care staff respondents did not comment on this matter.

Home Care Staff Suggestions for Improving the Program

Table 18 shows that 13 of the 35 Home Care staff respondents mentioned that more provincial government funding would improve the quality of services offered by the program. Two of these 13 respondents also mentioned the need for better salaries. Five respondents mentioned that the "tremendous" paperwork should decrease, and more hours instead should be spent on caring for the client. Four respondents suggested that better communication and co-operation by the doctors with the Home Care staff were necessary for smooth functioning of the program. One respondent suggested that the coordinator should be well acquainted with a client's condition before refusing that client Home Care treatment or service (i.e., that respondent mentioned the case of a 40-year-old cancer client who was refused home care assistance while her husband was at work and daughter at school). One respondent suggested educating the public and the government regarding the value of the Home Care Service. One mentioned better accessibility to adult day programs for home care clients. Another stipulated that the staff had to put in too much overtime and received no payment for it. According to another, Home Care staff were made to feel like "beggars when signing contracts for wages

Table 18

Suggestions for Improving the Program

Suggestions Identified	Number Identifying the Suggestions: Home Care Staff (n=35)	Support Services Staff (n=21)
1. More provincial government funding	13	1
2. Decrease the excessive paperwork, and spend more hours instead on caring for the client	5	1
3. Better communication and co-operation by doctors	4	-
4. Better salaries	2	1
5. Coordinator should be well acquainted with a client's condition before refusing that client Home Care Service	1	-
6. Educating the public and the government about the value of Home Care Service	1	-
7. Better accessibility to adult day program for Home Care clients	1	-
8. Staff should be paid for working overtime	1	-
9. There shall be regular inservice programs on home care for staff	1	1
10. More community involvement, access to adult day programs for Home Care clients, provision of health care clinics, and home care should remain with a Health Unit setting	1	-
11. Home Care should follow better lines of communication in meeting the health care needs of clients	-	4

(table continues)

Table 18 (continued)

Suggestions Identified	Number Identifying the Suggestions: Home Care Staff (n=35)	Support Services Staff (n=21)
12. Expanding the budget to better accommodate contractual services by Support Services	-	1
13. More staff	-	1
14. Regular follow-ups by Home Care nurse regarding the health of the client	-	1
15. More emphasis should be placed on maintaining the client in his or her home	-	1
16. No suggestions	6	8

and benefits, and this should not be." One Home Care staff respondent also suggested that there should be regular inservice programs to upgrade staff on current Home Care. Other suggestions made by a single respondent were that in order to improve the program, there should be more community involvement; there should be better access to adult day programs for Home Care clients; there should be provision of health care clinics for the mobile elderly; there should be greater use of trained volunteers; and that the Home Care program should remain with a Health Unit setting (rather than be moved out as had been suggested). Six of the 35 Home Care staff respondents did not comment on this matter.

Support Services Opinions Regarding the Best Features of the Program

As indicated in Table 16, the majority of Support Services respondents (13 of the 21 respondents) were of the opinion that the best features of the program were the caring and genuine concerns of Home Care staff for the client. Three respondents mentioned the quality of the staff--knowledgeable staff, excellent rapport among the staff, and staff dedication--as the best features of the program. One respondent mentioned that the Home Care staff worked well with the "homemakers" of Support Services, one mentioned the provision of services for elderly clients in their homes, and another stipulated that allowing the client to remain at home instead of becoming institutionalized was one of Home Care's best features. One respondent did not comment on this matter.

Support Services Opinions Regarding Serious Weaknesses of the Program

As indicated in Table 17, 4 of the 21 Support Services respondents mentioned that lack of adequate fundings by the provincial government was a serious weakness of the Home Care program. Two Support Services respondents mentioned that Home Care staff was overloaded with too much unnecessary paperwork, and two indicated that nursing staff were too rushed when making home visits. One respondent claimed that there is not enough contact time between Support Services and the Home Care supervisor or coordinator. Another Support Services respondent mentioned that Home Care did not keep in touch with Support Services when a client left his or her home and entered hospital. Another respondent stipulated the inability of Home Care staff to get the extended families of clients involved in what was going on in the program. In the opinion of yet another Support Services respondent, there was not enough time allocated

to discuss with Support Services the best help they had to offer in meeting the needs of the client. Three Support Services respondents did not comment on this matter.

Support Services Suggestions for Improving the Program

As indicated in Table 18, one Support Services respondent suggested that in order to improve the Home Care program there had to be better wages for homemakers; another suggested expanding the budget to better accommodate contractual services by Support Services. Four respondents mentioned that the Home Care staff should follow better lines of communication in meeting the health care needs of clients (i.e., this may be achieved by having more face-to-face discussions with Support Services personnel rather than just brief conversations with them over the phone about clients' needs). One respondent suggested that more staff are needed to adequately operate the program. Another respondent stipulated that the occasional inservice discussions involving Family and Community Support Services (i.e., F.C.S.S.) are essential, as well as, regular meetings between the Home Care nurse, Home Care coordinator, and the Support Services coordinator to review the clients' needs would certainly help to improve the program. One respondent mentioned that Home Care should find ways to alleviate the excessive amount of paperwork carried out by the staff in the program; another suggested that more money should be made available to the program to appropriately assist the home care client, and regular follow-ups should also be made by the Home Care nurse regarding the health of the client.

Finally, one Support Services respondent suggested that more

emphasis should be placed on maintaining the client in his or her home. Eight respondents had no suggestions for improving the program.

Suggestions for Improving the Services Provided by Support Services Personnel

Table 19 shows that 4 of the 21 Support Services respondents suggested that more communications between Home Care staff and Support Services staff were needed (e.g., regular meetings, especially when the

Table 19

Suggestions for Improving the Services Provided by Support Services Personnel

Suggestions Identified	Number of Support Services Staff Identifying the Suggestions (n=21)
1. More communications between Home Care and Support Services staff (e.g., regular meetings, case conferences, liaison sessions)	4
2. Expanding the Meals on Wheels	2
3. Home Care staff should conduct yearly inservice discussions for "homemakers"	1
4. More time should be allocated toward meeting the needs of the clients	1
5. More inservice sessions for Support Services staff and coordinator	1
6. A need for more Support Services personnel to help the client in his or her home	1
7. No suggestions	10

clients' needs were discussed, more case conferences, and establishing a monthly liaison session between Support Services personnel and Home Care). Two respondents suggested expanding the Meals on Wheels service (i.e., some clients may benefit from meals provided on a five-days-a-week basis rather than the current three days a week). One mentioned that the Home Care program staff should conduct yearly inservice discussions for "homemakers" especially in regard to their responsibilities. Another mentioned that more time should be allocated toward meeting the needs of the clients. One respondent also suggested more inservice sessions for Support services staff and coordinator. Finally, one respondent stipulated that there was a need for more Support Services personnel to help the client in his or her home. Ten Support Services staff provided no suggestions for improving the program.

Summary of Staff Opinions About the Program and Suggestions for Program Improvement

Both Home Care staff and Support Services personnel indicated that the most frequently mentioned positive features of the program were "caring and loving attitudes of staff," "professional dedication and good sense of responsibility of staff," "helping client to remain at home," and "knowledgeable and flexible staff." The most common concerns expressed by both groups were "monetary cutbacks by the provincial government" and "excessive and unnecessary paperwork." A small number of Home Care staff (four) were concerned with "poor communication with doctors," and a smaller number of Support Services staff (two) expressed their concerns that "nursing staff were too rushed when making home visits."

Home Care staff suggested that "more provincial government funding," "decreasing the excessive paperwork, and spending more hours instead on caring for the client," and "better communication and co-operation by doctors" would help to improve the Home Care program. The Support Services personnel also stipulated that in order to improve the program, "home care should follow better lines of communication in meeting the health care needs of clients."

Summary

This chapter addressed three research questions of the study; the findings associated with each of these questions are presented in separate sections as follows: (1) goals of the program, (b) satisfaction with selected aspects of the program, and (c) positive features, negative features, and suggestions for improving the program.

Goals of the Program

The Home Care staff respondents' average ratings of the actual emphasis being given to nine client-related program goals ranged from 2.9 to 4.4 (on a five-point scale). The three goals with the highest mean were "helping the client who is terminally ill to live at home in comfort and dignity as long as possible" (4.4), "helping the client who is handicapped or suffering from long-term illness to live and cope at home with his disability" (4.3), and "including significant others while planning an individual client's care" (4.1). Support Services staff respondents' perceptions of actual emphasis being given to 10 client-related program goals ranged from 3.9 to 4.3. The three goals with the highest mean for Support Services respondents were "helping the

client who is suffering from short-term illness to return to maximum functioning level, by providing short-term treatment" (4.3), "helping the client who is terminally ill to live at home in comfort and dignity as long as possible" (4.2), and "helping in the development of Support Services in the home for those who are chronically ill or handicapped" (4.2).

Comparisons made between the average ratings of actual emphasis given to nine program goals rated by Home Care staff and of the actual emphasis given to 10 program goals rated by Support Services staff--eight of which were rated in common by both groups--showed several areas of agreement and also some differences. Both groups agreed that great emphasis (4.0 or higher) was being given to the following three goals: "helping the client who is handicapped or suffering from long-term illness to live and cope at home with his disability" (4.3 and 4.1), "helping the client who is terminally ill to live at home in comfort and dignity as long as possible" (4.4 and 4.2), and "helping the client who is handicapped or suffering from a long-term illness to develop a more independent life" (4.0 and 4.0). Home Care staff also felt that great emphasis was being given to the goal of "including significant others while planning an individual client's care" (4.1). The average rating by Support Services staff was marginally lower on this goal (3.9). For the two client goals rated only by Support Services staff, ratings between <u>great</u> and <u>very great</u> were assigned. These were "helping the client who is suffering from short-term illness to return to maximum functioning level by providing short-term treatment" (4.3) and "helping in the development of Support Services in the home for those who are chronically ill or handicapped" (4.2).

The two groups appeared in agreement that between moderate (3.0) and great (4.0) emphasis should be given to three client-related goals: "working with other community agencies for the benefit of the chronically ill or handicapped individual" (3.9 and 3.9), "providing community awareness and understanding of Wetoka Health Unit's Coordinated Home Care Program" (3.4 and 3.9), and "ensuring effective evaluation of the program" (3.8 and 3.9). For the eighth common goal item, "providing temporary crisis and family relief services," Support Staff assigned a high rating for actual emphasis given (4.1), whereas Home Care staff assigned it a rating between little (2.0) and moderate (3.0), specifically, 2.9. The ninth client-related goal item completed by Home Care staff--but not by Support Services staff--was also assigned a relatively low rating (2.9) for actual emphasis given. This item was "helping in the development of residential services for the chronically ill or handicapped individual."

Home Care staff respondents' perceptions of the emphasis that should be given to nine client-related program goals ranged from 3.6 to 4.8; and Support Services staff respondents' average ratings on this aspect ranged from 4.4 to 4.9.

Comparison of the average ratings of preferred emphasis to be given to the eight program goals rated in common by Home Care staff and Support Services staff revealed a high degree of agreement. Both groups preferred that seven of these eight goals be given between great (4.0) and very great emphasis (5.0). These were the following, with Home Care staff means given first: "helping the client who is terminally ill to live at home in comfort and dignity as long as possible" (4.8 and 4.5), "helping the client who is handicapped or suffering from long-term

illness to live and cope at home with his disability" (4.6 and 4.4), "helping the client who is handicapped or suffering from long-term illness to develop a more independent life" (4.6 and 4.4), "including significant others while planning an individual client's care" (4.5 and 4.5), "working with other community agencies for the benefit of the chronically ill or handicapped individual" (4.3 and 4.5), "promoting community awareness and understanding of Wetoka Health Unit's Coordinated Home Care Program" (4.3 and 4.4), and "ensuring effective evaluation of the program" (4.2 and 4.9).

For one of the eight common goal items the Home Care staff assigned a somewhat lower rating (3.7) than did the Support Services staff (4.4). Home Care staff also assigned a moderately great rating for emphasis that should be given to "helping in the development of residential services for the chronically ill or handicapped individual" (3.6). This goal item was not rated by Support Services staff.

The remaining two goal items rated by Support Services staff--but not by Home Care staff--were assigned high ratings for preferred emphasis: "helping the client who is suffering from short-term illness to return to maximum functioning level, by providing short-term treatment" (4.5), and "helping in the development of Support Services in the home for those who are chronically ill or handicapped" (4.6).

When actual emphasis given to each of the goal items was compared with preferred emphasis, in all cases, both for Home Care staff and for Support Staff ratings, the preferred exceeded the actual. For Home Care staff these differences were greatest for four client-related goal items: "helping the client who is handicapped or suffering from a long-term illness to develop a more independent life" (.6), "providing temporary

crisis and family relief services" (.8), "promoting community awareness and understanding of Wetoka Health Unit's Coordinated Home Care Program" (.9), and "helping in the development of residential services for the chronically ill or handicapped individual" (.6). For Support Services staff the differences between preferred and actual emphases were greatest also for four goal items, one of which was the same as for the Home Care Staff (item #6). Support Services staff desired greater emphasis "should be" given to "working with other community agencies for the benefit of the chronically ill or handicapped individual" (.6), "promoting community awareness and understanding of Wetoka Health Unit's Coordinated Home Care Program" (.5), "including significant others while planning an individual client's care" (.6), and "ensuring effective evaluation of the program" (1.0).

The mean scores for the Home Care staff respondents and Support Services staff respondents in the "should be" category indicated that both groups would like more done to improve the quality of client care in the program, but particularly in 8 of the 11 client-related goal areas.

Home Care staff perceptions of actual emphasis in relation to four staff-related program goals ranged from mean scores of 3.9 to 4.2 on a five-point scale in the "is" response category, whereas the "should be" category ranged from 4.1 to 4.6. The preferred emphasis ("should be") is slightly higher than the actual emphasis ("is") for three of the four staff-related program goals. This indicated that the actual emphasis given to the three staff-related program goals was close to what it "should be." The items were "providing opportunities for staff to participate in Continuing Education Programs," "providing opportunities for staff to pursue career goals," and "evaluating the performance of

staff members." The greatest difference was found for the goal of "providing a working atmosphere that supports staff members in the performance of their duties." This difference (.5) indicated that more attention may be needed in this area.

Satisfaction with Selected Aspects of the Program

Support Services staff ratings of satisfaction with selected aspects of the program ranged from a mean score of 3.60 to 4.10 on the five-point scale used, and this indicated that the majority of the Support Services Agency respondents were quite satisfied with four of the five aspects of the Home Care Program: "working relationships between Support Services Agency and Home Care Program," "coordination of services between Support Services Agency and Home Care Program," "supervision given by Home Care Program," and the "Home Care Program offered by the Wetoka Health Unit." The item receiving the lowest satisfaction ratings (mean = 3.60) was "way in which authorization for Support Services is given by Home Care Program."

Staff Opinions of the Program and Suggestions for Program Improvement

The most frequently mentioned positive features of the program by the Home Care staff and Support Services personnel were "caring and loving attitudes of the staff," "professional dedication and good sense of responsibility," "helping client to remain at home," and "knowledgeable and flexible staff." The most common concerns expressed by both the Home Care staff and Support Services personnel were "monetary cutbacks by the provincial government" and "excessive and unnecessary paperwork." Four of the Home Care staff respondents also indicated that they were concerned with "poor communications with doctors." Two Support

Services respondents mentioned that they were concerned about "nursing staff too rushed when making home visits."

Home Care staff suggested that in order to improve the quality of care in the program, there must be "more provincial government funding," a decrease in the "excessive paperwork, and spend more hours instead on caring for the client," and "better communication and co-operation by doctors." The most frequently mentioned Support Services personnel suggestion was that "Home Care should follow better lines of communication in meeting the health care needs of clients"; this they believed would be an asset in improving the program.

Chapter VI

Summary, Conclusion, and Implications

This chapter provides a summary of the problem, procedures, and results of the study. Conclusions are stated, and some implications for practice and further research are discussed.

Purpose of the Study

This study was designed to evaluate the Wetoka Health Unit's Coordinated Home Care Program in order to ascertain program strengths and quality of care, as well as those areas of the program requiring improvement. Emerging from the basic problem of the study were a number of subproblems derived primarily from Stake's Model. These problems were later translated into seven specific research questions which served to focus the data collection for the study. The specific research questions were stated as follows:

1. What are the types of Home Care services being received by clients?
2. How do clients rate the quality of care provided by the Home Care staff?
3. How satisfied are the clients with the various services they are receiving from the program?
4. What are the clients' opinions regarding the best features of the program, serious weaknesses of the program, and suggestions for improving the program?
5. What are the Home Care staff and Support Services staff perceptions regarding the goals of the program?

6. What is the level of satisfaction by Support Services staff with working conditions in the program?
7. What are the Home Care staff and Support Services staff opinions regarding the best features, serious weaknesses, and suggestions for improving the program?

Design of the Study

Stake's Model, the countenance Model of Educational Evaluation, was used in the development of the conceptual framework for the purposes of this study. Two data matrices or components of evaluation are identified in this model, which are the descriptive and the judgemental. Both the descriptive and judgemental components are divided into three specific categories: (1) antecedents, (2) transactions, and (3) outcomes.

The antecedents phase of the descriptive matrix consists of both human and material resources impacting on Wetoka Health Unit's Coordinated Home Care Program prior to program activities. These resources include funding; legislation; health care guidelines from the Department of Community and Occupational Health; and inputs from the Home Care program Board of Directors, Chief Executive Officer, health units, and certain community agencies such as hospitals, nursing homes, and lodges. Also included are the philosophy and goals of the program and the standards and policies of the program.

The transactions phase relates to activities carried out in the program to achieve the outcomes. These activities include the Home Care staff and Support Services staff performances, their professional behaviors, teaching and learning processes, and planning, implementing, evaluating, and modifying program activities.

The outcomes phase relates to the effects of the program or the program results. The outcomes indicate whether Wetoka Health Unit's Coordinated Home Care Program met the intended needs of clients, Home Care staff, and Support Services staff, or whether the program is actually doing what it supposes to do, for example, meeting consumers' satisfaction, producing competent staff, and providing quality client care. Outcomes in this model are therefore reflections of Wetoka Health Unit's Coordinated Home Care Program inputs and transactions.

In addition, the environment, as outlined in the Health Care System Delivery Model based on Stake's Model, includes those factors which impact on the Home Care program services within and outside the boundaries of the system. The environment also provides the framework and assists the program with its purpose, while information in the form of a feedback subsystem helps to facilitate changes. Feedback items include clients' appraisal of the program and staff performance appraisal. In addition, home care is significantly affected by what goes on in the environment.

Methodology of the Study

Based on Stake's Model, from which emerged the subproblems and, later, the research questions, three separate questionnaires were developed and used to measure the levels of satisfaction and opinions of the following: (1) Home Care clients, (2) Home Care staff, and (3) Support Services staff. Each instrument was divided into different sections.

Client Questionnaire

Section I of the instrument pertaining to Home Care clients requested information on the following: personal and general program variables and categories that included types of Home Care services received by clients, quality of care provided by Home Care staff, satisfaction ratings with services offered by the program, clients' opinions regarding the best features of the program, any bad experiences with the program, and suggestions for improving the program's services.

Home Care Staff Questionnaire

The instrument pertaining to Home Care staff was divided into three sections. Section I requested general information on eight personal, professional, and situational variables. Section II of the questionnaire asked the Home Care staff for their opinions regarding how much emphasis "is" and "should be" placed on 13 specific goal items, which entailed helping the handicapped and chronically and terminally ill clients to live and cope at home independently to the best of their abilities; working closely with other community health agencies and relief services in providing appropriate care for the handicapped; providing opportunities where staff are able to further their education and pursue career goals; providing a working atmosphere that is conducive to staff support and, moreover, an environment which encouraged the evaluation of staff performances. Also in this section of the questionnaire, Home Care staff were asked about the degree of satisfaction they had with the program. Section III invited Home Care staff to comment on the best features of the program, to identify the most serious weaknesses of the program, and to give their suggestions for improving the program.

Support Services Questionnaire

The instrument involving Support Services was divided into four sections. Section I requested general information on eight personal, professional, and situational variables. Section II asked the Support Services staff for their opinions regarding how much emphasis "is" and "should be" placed on 10 goal items, which involved helping the handicapped and terminally ill to live at home in comfort and, above all, independently as long as possible; maintaining good rapport and relationships with other community health agencies for the benefit and interest of the clients' welfare; including other significant health disciplines when planning clients' care; and making sure that the program is appropriately evaluated on an annual basis. Section III asked the Support Services to indicate their level of satisfaction with aspects of the Home Care program. Finally, Section IV asked them to comment on the best features of the program, the serious weaknesses of the program, suggestions for improving the program, and suggestions for improving the services provided by the Support Services agency.

Population of the Study

The population of this study included 60 clients randomly selected from 365 Home Care clients. Fifty-two of the 60 clients were active cases, and the other 8 had been discharged from the program within the six-month period preceding data collection. The majority of the clients were females who were over 65 years old. Included also in the study population were all 38 full-time and part-time Home Care staff, and a random selection of 22 of the 40 full-time and part-time Support Services staff. The majority of both the Home Care staff and Support Services

staff were also females. Home Care staff ranged in age from 25 years or less to over 65 years, whereas Support Services staff's ages ranged from 26 to 65 years.

Distribution of Questionnaires

Questionnaires were personally delivered by the investigator to the following three respondent groups: Home Care clients, Home Care staff, and Support Services staff residing in Wetaskiwin, Ponoka, Rimbey, and Winfield. The client questionnaires were delivered on 14th January 1988, Home Care staff questionnaires on 16th February 1988, and those for Support Services staff on 18th March 1988. Anonymity of responses was assured by the investigator. The Wetoka Health Unit's Coordinated Home Care Program Director was promised a summary of the findings of the study.

Data Analysis

Frequency and percentage distributions and some rankings were used to summarize the personal, professional, and situational data collected from 115 respondents, which included 59 client respondents, 35 Home Care staff respondents, and 21 Support Services staff respondents. These responses represented a 98% return rate for Home Care clients, 92% for Home Care staff, and 95% for Support Services staff.

In addition, data collected from Sections II, III, and IV of the questionnaires completed by Home Care clients, Home Care staff, and Support Services staff, respectively, were also summarized using rank order according to percentage of client respondents showing strong agreement with the statement; mean scores for clients' ratings of

satisfaction about the various Home Care services they received; differences in mean and ranking of Home Care staff and Support Services staff perceptions of client-related program goals; mean scores and rankings of Home Care staff perceptions about their program goals; mean scores and rankings for Support Services staff ratings of satisfaction with working conditions of the program; number of Home Care staff and Support Services staff identifying the positive features of the program, the negative features of the program, and suggestions for improving the program; and, finally, the number of Support Services staff identifying the suggestions for improving the services provided by Support Services personnel.

Findings from the Review of the Literature

The review of the literature indicated that the Home Care provider serves many of the clients' daily health care needs. While doing so, the care provider respects the clients' rights and privacy while administering optimum care. The literature furthermore stipulated that concentrated efforts by Home Care providers and conscientious planning of clients' care in their homes, plus empathy and understanding of their needs, tend to foster an environment where clients strive to improve their health by learning to live more independenty within the scopes of their physical and emotional disabilities.

Findings of the Study

Types of Home Care Services Received by Clients

The first research question dealt with the types of Home Care services being received by clients. Findings associated with this

question showed that among the 13 services provided, those most frequenlty used by Home Care clients at the time of the study were Nursing Service, Handyman Services, Provision of Equipment or Supplies, and Personal Care Services. Those services most frequently used in the past other than those presently used were Nursing Service, Meals on Wheels, Personal Care Services, and Homemaker Services. The services expected to be used in the future were, in order of frequency of selection, Nursing Service, Homemaker Services, Provision of Equipment or Supplies, and Personal Care Services.

Quality of Care Provided by Home Care Staff

The second research question dealt with how the clients rated the quality of care provided by the Home Care staff. The findings indicated that the majority of client respondents agreed or strongly agreed that they had great confidence in the Home Care staff who cared for them. Most believed that the staff respected their rights and were very empathetic with and understanding of their needs. The majority of clients agreed or strongly agreed that they felt comfortable approaching or questioning any member of staff regarding anything they did not fully understand. A smaller majority provided positive ratings for such aspects as: learning to manage at home made the client feel better about him/herself; Home Care staff taught the client how to take care of him/herself; Home Care was important in helping the client to maintain his/her family relationships and friendships; Home Care staff involved the client in decisions about his/her Home Care program; and Home Care staff discussed the client's condition with his/her family whenever necessary. For all 16 aspects of Home Care associated with the second

research question, the majority of clients were in agreement that they received quality Home Care services.

Client Satisfaction with Services Received

The third research question dealt with how satisfied the clients were with the various services they received from the program. Findings from this third research question indicated that most of the client respondents were receiving Nursing Service, and the majority of these were extremely satisfied with the Nursing Services they received from Home Care. On average, among the 40% to 50% of client respondents who used other Home Care services such as Personal Care Services, Provision of Equipment or Supplies, and Homemaker Services, most were extremely satisfied with them. Much smaller numbers of clients used the remaining seven services identified in the questionnaire, and most of these rated the services received quite positively, with the possible exception of Meals on Wheels and Transportation, which received mixed ratings. A large majority of clients were satisfied with the length of stay in the program. The majority of them also indicated that their doctor was fully aware of what was done for them by Home Care. Moreover, almost two-fifths indicated that their visits to the doctor were less frequent since receiving Home Care services than they were before. Presumably Home Care was providing a service to some clients that their doctors would otherwise have to provide.

Best Features, Negative Features, and Suggestions for Improving Home Care Services

The fourth research question dealt with clients' opinions regarding the best features of Home Care services received, bad experiences with Home Care, and suggestions for improving the Home Care services. Findings associated with this research question revealed that the majority of clients found Nursing Service to be the best feature of the program; a fifth of the clients identified Homemaker Services as the best feature; and a small number identified Personal Care Services, provision of Equipment and Supplies, or a combination of Nursing Services and another service provided. A small number of respondents mentioned they had a few bad experiences with the program, especially with Nursing Service, Provision of Equipment or Supplies, Homemaker Services, Meals on Wheels, and the Home Care staff. A little over half the total number of respondents had no suggestions to make in regard to improving the Home Care services. The other respondents identified the following areas of the program that required improvement: Physiotherapy Services, Nursing Service, Meals on Wheels, budget, honesty in the service delivery system, and Handyman Services.

Goals of the Program

The fifth research question dealt with the Home Care staff and Support Services staff perceptions regarding the goals of the program. The Home Care staff and Support Services staff rated a number of Home Care program goals both in terms of (a) the emphasis presently being given to these goals, and (b) the emphasis that "should be" given to these program goals.

The Home Care staff rated the degree to which nine different client-related program goals were being achieved. The three rated highest by them were "helping the client who is terminally ill to live at home in comfort and dignity as long as possible," "helping the client who is handicapped or suffering from long-term illness to live and cope at home with his disability," and "including significant others while planning an individual client's care."

Support Services staff rated the degree to which 10 client-related program goals were being achieved. The three rated highest were "helping the client who is suffering from short-term illness to return to maximum functioning level, by providing short-term treatment," "helping the client who is terminally ill to live at home in comfort and dignity as long as possible," and "helping in the development of Support Services in the home for those who are chronically ill or handicapped" (the second and third goals were tied).

Differences between the "is" and the "should be" for the nine goals rated by Home Care staff revealed a preference by them for more emphasis than was being given in relation to all nine, but especially for four: "promoting community awareness and understanding of Wetoka Health Unit's Coordinated Home Care Program," "promoting temporary crisis and family relief services," "helping the client who is handicapped or suffering from long-term illness to develop a more independent life," and "helping in the development of residential services for the chronically ill or handicapped individual."

Differences between the "is" and the "should be" ratings for the 10 goals rated by the Support Services staff also revealed a preference for more emphasis on all goals rated by them, but especially for four:

"ensuring effective evaluation of the program," "working with other community agencies for the benefit of the chronically ill or handicapped individual," "promoting community awareness and understanding of Wetoka Health Unit's Coordinated Home Care Program," and "including significant others while planning an individual client's care."

The difference between actual and preferred ratings for the various goals as rated by Home Care staff and by Support Services staff indicated that both groups wanted more done to improve the quality of client care in the program, with greater emphasis desired by Home Care staff for some of the goals, greater emphasis desired by Support Services staff on other goals, and both groups in agreement that more emphasis should be given to "promoting community awareness and understanding of Wetoka Health Unit's Coordinated Home Care Program."

In addition, Home Care staff rated four staff-related program goals both in terms of (a) the emphasis presently being given to these goals, and (b) the emphasis that "should be" given to these program goals. The preferred emphasis was at least slightly higher than the "actual" emphasis for all four staff-related program goals, but was especially higher for one of these: "providing a working atmosphere that supports staff members in the performance of their duties." Apparently, more attention to this staff-related program goal was desired by Home Care staff.

Satisfaction with Selected Aspects of the Program

The sixth research question dealt with satisfaction by Support Services staff with selected aspects of the program. Findings from this research question indicated that the majority of the Support Services

Agency's respondents were quite satisfied with four of the five aspects of their working conditions, which included working relationships between the Support Services Agency and the Home Care program, coordination of services between the Support Services Agency and the Home Care program, supervision given by the Home Care program, and overall satisfaction with the Home Care program offered by the Wetoka Health Unit. The lowest-rated of the items was the way in which Home Care went about authorizing contractual services from the Support Services Agency.

Staff Opinions of the Program and Suggestions for Program Improvement

The seventh research question dealt with the Home Care staff and Support Services staff opinions regarding the best features of the program, serious weaknesses of the program, and their suggestions for improving the program. The findings from the research question indicated that the most frequently mentioned positive features of the program by the Home Care staff and by Support Services personnel were the caring attitudes of staff, knowledgeable and flexible staff, and high standards of professionalism of staff. The most common concerns expressed by both groups were monetary cutbacks by the provincial government and the excessive and unnecessary paperwork. A small number of Home Care staff and Support Services staff were very concerned with the doctors' poor communication with the program's staff (in general) and the rushed home visits by the nursing staff, respectively.

The Home Care staff suggested that more provincial government funding, a decrease in excessive paperwork load, spending more hours caring for the clients, and better communications and working relationships with the doctors would help to improve the quality of care

in the program. Support Services also suggested that in order to improve the quality of care, the program had to involve them more in decision-making processes related to meeting the needs of the clients, and promptly inform them when clients leave their homes to be admitted into hospital.

Conclusions

The following conclusions are based on the findings associated with the subproblems of the study.

1. The Home Care client respondents identified that most of their home care needs were met by the program. Moreover, the majority of clients were very satisfied with the services offered by the program. The Home Care services which were given the highest satisfaction ratings in particular were Nursing Service, Provision of Equipment and Supplies, and Personal Care Services. The services that were deemed least satisfactory were Handyman Services and Meals on Wheels. The majority of respondents also indicated that more funding for the program was essential in order to provide improvement in the quality of Home Care services.
2. Home Care staff respondents in their perceptions of nine different client-related program goals identified that the program was substantially meeting its intended goals in these nine different areas. Those goals given the highest ratings were helping the terminally ill client to live in comfort and dignity at home, helping the handicapped to live and cope at home, and including significant others in helping with the

planning of clients' care. The lowest-rated client-related program goals were providing temporary crisis and family relief services, and helping with the development of residential services for the handicapped.

3. Support Services staff in their perceptions of 10 different client-related program goals identified that the program was substantially meeting the needs of most clients, especially those suffering from short-term and terminal illnesses and the handicapped living at home.
4. Most Home Care program goals were identified as being congruent with the philosophy of the program by the Home Care staff and Support Services staff. Both staff groups, however, indicated that more "should be" done to provide opportunities for staff to participate in Continuing Education programs, pursue career goals, evaluate staff performance, promote community awareness of the program, provide a working atmosphere that is supportive to staff performances, effectively evaluate the program, work with other agencies in the community for clients' benefit, and include other health professionals in planning clients' care.
5. Clients who were terminally ill, chronically ill, handicapped, or suffering from short-term illnesses received home care when referred by the doctor. Eligibility of clients for services was not based on age, gender, or financial status.
6. Home Care staff and Support Services staff in their opinions both identified the best features of the program as caring attitudes of staff, knowledgeable and flexible staff, and high standards of professionalism shown by staff members.

7. Environmental factors affecting the program and its goals were identified by Home Care staff and Support Services staff as monetary cutbacks by the provincial government, excessive and unnecessary paperwork by Home Care staff instead of the staff spending more time meeting the clients' physical and emotional needs, and the poor communications between doctors and Home Care staff regarding the clients' needs. In their opinions, attending to these aspects of the program would greatly help to improve the quality of care within the program.
8. The majority of Support Services respondents identified that they were quite satisfied with the type of program offered, the coordination of services, supervision, and working relationships of the program.

Implications

Although this study resulted in some significant findings, it is recognized that more research is needed regarding the evaluation of Wetoka Health Unit's Coordinated Home Care Program. For this reason, the implications for practice are suggestions only and should be implemented with caution.

Implications for Practice

The findings of this study which have relevance to Home Care clients, Home Care staff, and Support Services staff involved in the evaluation of Wetoka Health Unit's Coordinated Home Care Program appear in the section of this chapter dealing with conclusions. The findings indicated that identified Home Care needs should be emphasized in the

evaluation of the program. Furthermore, those needs pertaining to quality client care and services, Home Care staff, and Support Services staff would seem to require immediate attention to ensure that the program is meeting the intended goals. In addition, further developments to strengthen the existing program should be undertaken within the areas identified in the evaluation.

Clients. The majority of Home Care clients indicated that they were extremely satisfied with Nursing Services, especially. For them, Nursing Services were the best feature of the program. Others were extremely satisfied with those services such as Personal Care Services, Provision of Equipment or Supplies, and Homemaker Services. Clients were very satisfied with their length of stay in the program. A small number also indicated that they had had a few bad experiences with the program, which included Nursing Service, provision of Equipment or Supplies, Homemaker Services, Meals on Wheels, and the Home Care staff. A small number of clients indicated that there was a need for better funding for the program. They stressed that appropriate fundings were most essential in providing constant improvement in quality care services. Other clients identified the following areas of the program that required improvement: Physiotherapy Services, Nursing Service, Meals on Wheels, budget, Handyman Services, and more honesty in the service delivery system. A little over half the number of client respondents had no suggestions to make in regard to improving the program services. It was therefore assumed that they were satisfied with the way the program was meeting their needs. In order to raise the satisfaction level of the others, there seems to be a need to increase the amount of physiotherapy services available, to improve some of the nursing services provided, to improve

some aspects of the Meals on Wheels service, and, in general, to improve financing for the program.

Home Care staff. The findings further indicated that Home Care staff in their perceptions regarding the emphasis given to nine client-related program goals ("is"), and emphasis that "should be" given to these program goals, rated helping the terminally ill client to live at home in comfort and dignity, helping the handicapped to live and cope at home with his disability, and including significant others in planning care for the clients as the highest goal achievements of the program. In addition, Home Care staff indicated that more help, cooperation and understanding should be given in all of the nine client-related program goal areas, especially the provision of temporary crisis and family relief services and helping in the development of residential services for the chronically ill or handicapped. A close examination of the nine goals seems called for, along with some reassessment of present priorities and in order to provide somewhat greater attention to those client goals where discrepancy between the actual and the preferred emphasis is greatest.

Home Care staff indicated that great emphasis was being placed on all four staff-related program goals but that more emphasis should be given especially to one of these, namely, providing a conducive working atmosphere that supports staff members in the performance of their duties.

Home Care staff identified a number of positive features of the program. These included the caring and loving attitude toward clients, a good sense of professional responsibility by staff, knowledge and flexibility of staff, the availability of staff members and their

readiness to respond to clients requiring their help, and the good working relationships among the staff and other health care services in the community. These positive features are ones which the program should try very hard to maintain.

Insufficient government funding to adequately cover all services, overloading of Home Care staff with too much unnecessary paperwork, and poor lines of communication and cooperation between the doctors and the program staff were seen as the most serious weaknesses of the program. In order to improve the quality of care in the program, these negative aspects should be addressed by those most directly concerned.

Support Services staff. Findings indicated that Support Services staff in their perceptions regarding the emphasis given to 10 client-related program goals ("is"), and emphasis that "should be" given to these program goals, rated helping the client who is suffering from short-term illness to return to a maximum functioning level by providing short-term treatment, helping the terminally ill or handicapped to live at home in comfort and dignity, and helping in the development of Support Services in the home as the highest-achieved goals of the program. They, however, indicated that more should be done in all of these 10 client-related goal areas, but especially working with other community agencies for clients' benefit, helping the public to become more aware and have a better understanding of the program, involving significant others in planning clients' care, and effectively evaluating the program. The majority of the Support Services personnel further indicated that they were quite satisfied with staff working relationships, coordination of services, supervision, and the type of program offered by Home Care. However, they were less satisfied with the manner in which authorization

for their services was given by Wetoka Health Unit's Coordinated Home Care Program. This area may need closer attention in order to identify steps that might be taken to improve procedures associated with the authorization of services that are provided by the Support Services Agency.

Support Services staff identified positive features of the program that were similar to those identified by the Home Care staff, which included caring and genuine concern of Home Care staff for clients, knowledgeable and dedicated staff, excellent rapport among the staff, and allowing the clients to remain at home instead of becoming institutionalized. Among the most common concerns mentioned by Support Services personnel were monetary cutbacks, excessive and unnecessary paperwork, poor communication between doctors and Home Care staff, and insufficient contact time between the Program Supervisor or Coordinator and Support Services personnel to discuss clients' needs appropriately. Support Services staff members had a number of suggestions for improving the Home Care program. The most frequently mentioned were that Home Care should follow better lines of communication--especially more face-to-face communication--in meeting the health-care needs of clients, and expanding the Meals on Wheels program. Here, too, it would seem advisable that the Wetoka Health Unit's Coordinated Home Care Program Board of Directors and administrative personnel should give consideration to the best procedures for attending to these matters.

In summary, the majority of clients indicated they were extremely satisfied with most Home Care services, especially the Nursing Services. Both the Home Care staff and Support Services staff identified many positive features of the program and several concerns. Several

respondents from both of these groups offered suggestions for program improvement. The findings of this study should be of interest to Home Care administrators and Home Care managers involved in planning strategies for effecting improvements in the Home Care program.

Implications for Research

This study was the first one of this magnitude to have been conducted on the Wetoka Health Unit's Coordinated Home Care Program. More research on the delivery of Home Care services elsewhere is recommended to provide comparative data on other Home Care programs. Such studies would serve to support or refute the findings of this study.

Further research using other evaluation strategies is also recommended. For example, the interview technique might be more suitable for use with clients and staff members who have difficulty in responding to questionnaires. Direct observation would also add an important dimension to studies on the delivery of Home Care services.

Bibliography

Akins, B. J., Meyer, A. B., & Smith, N. (1981). In E. L. Miller & N. D. Opie., Severely disabled adults and personal care attendants. Journal of Rehabilitation Nursing, 12(4), 184.

American Cancer Society. (1979). Homemaker-home health aides--Essential thanatologists. In E. R. Prichard et al. (Eds.), Home care: Living with dying (p. 209). New York: Columbia University.

Anderson, S. B., & Ball, S. (1978). The profession and practices of program evaluation. San Francisco: Jossey-Bass.

Arbeiter, Jean S. (1984). The big shift to home health nursing. RN Magazine, 47(11), 38-42.

Ashton, Sister Mary M. Clinical policies and procedures for home health care. In Wetaskiwin Health Unit, Wetaskiwin home care policies and procedures manual (pp. 3-4). Minnesota Department of Health.

Bernstein, L. H. (1987). The role of the physician in home care. Journal of Public Health Nursing, 4(1), 2-8.

Carolan, M. F. (1987). Hospice care: Nursing the terminally ill. AAOHN Journal, 35(4), 168-171.

Clifford, I. M. (1979). Comprehensive planning for care and the home health agency. In E. R. Prichard et al. (Eds.), Home Care: Living with dying (pp. 223-231). New York: Columbia University Press.

Cronbach, L. J. (1963). Course improvement through evaluation. Teachers' College Record, 64, 672-683.

Cyrus, E. (1979). A historical perspective in home health care. In E. R. Prichard et al. (Eds.), Home care: Living with dying (pp. 12-14). New York: Columbia University Press.

Davis, E. J. (1987). Home care--What's needed. Public Health Nurse, 4(2), 82-83.

Dudzinski, D. & Peters, D. L. (1977). Home-based programs: A growing alternative. Child Care Quarterly Journal, 6(1), 61-71.

Eichwald, H. (1979). An organized home care program. In E. R. Prichard et al. (Eds.), Home care: Living with dying (pp. 148-152). New York: Columbia University Press.

Fay, F. A., Bartels, E. G., Corcoran, P., & McHugh, R. (1987). In E. L. Miller & N. D. Opie, Severely disabled adults and personal care attendants. Journal of Rehabilitation Nursing, 12(4), 185.

Fox, E. L., Lammers, J. W., & Deere, R. E. (1978). Using para-professionals in the Arkansas health education programs. Journal of Health Education, 9(2), 12-13.

Gee, T. (1982-83). Evaluation of the Alberta School for the Deaf, Alberta Education Consultants' Reports, 1-9.

Gilmartin, M. (1987). Long-term management of the home care patient. AARC Times, 11(6), 60-62, 68.

Home Health Care Agency Policy and Procedure Manual. (No date.) Wetoka Health Unit, Wetaskiwin, AB.

Jaffe, R. (1979). Homemakers for Israeli families of retarded children. Child Welfare, 58(6), 403-408.

Maslow, A. H. (1962). Toward a psychology of being. New York: D. Van Nostrand.

Moore, F. M. (1979). Homemaker-home health aides--Essential thanatologists. In E. R. Prichard et al. (Eds.), Home care: Living with dying (pp. 208-214). New York: Columbia University Press.

Nyberg, V. R. (1984). Evaluation of the Academic Occupation Program of the County of Leduc. Executive Summary. Department of Educational Psychology, The University of Alberta, 4.

Plowden Educational Report. (1967). Community collaboration in England: Home visiting. International Journal of Early Childhood, 10(1), 47-50.

Popham, W. J. (1975). Educational evaluation. Englewood Cliffs, NJ: Prentice-Hall.

Prichard, E. R., Collard J., Starr, J., Lockwood, J. A. Kutschev, A. H., & Seeland, I. B. (1979). Home care: Living with Dying. New York: Columbia University Press.

Rogatz, P. (1987). Perspective on home care. Journal of Public Health Nursing, 4(1), 7-8.

Stake, R. (1967). The countenance of educational evaluation. Teachers' College Record, 68, 523-540.

Stuckey, P. A., & Waters, H. (1987). Oncology alert for the home care nurse: Spinal cord compression. Home Health Care Nurse, 5(2), 29-31.

Wessell, V. G. (1979). The nurse and home care of the terminally ill. In E. R. Prichard et al. (Eds.), Home care: Living with dying (pp. 49-59). New York: Columbia University Press.

Wetoka Health Unit. (1988). Home care policies and procedures manual. Wetoka Home Care Office, Wetaskiwin, AB.

Woerner, L. (1977). Helping the elderly help themselves. Journal of Home Economics, 69(4), 18-20.

Worthen, B. R., & Sanders, J. R. (1973). Educational evaluation: Theory and practice. Worthington, OH: Charles A. Jones.

Appendix A

Wetoka Health Unit's Coordinated Home Care Program

Client Questionnaire Items and Covering Letter

Wetoka Health Unit's Coordinated Home Care Program

Client Questionnaire

Dear Client,

I would like to take this opportunity to introduce myself and the purpose of this letter.

My name is Hal Bowen and I am a Masters Student in the Adult and Higher Education Program at the University of Alberta. With the support of the Health Unit, I have chosen to do an Evaluation of the Wetoka Health Unit's Coordinated Home Care Program to complete my Master's degree requirements.

Your participation in this survey will assist the Health Unit in assessing the strengths of the program and identifying areas that might require improvement. Your responses are anonymous and will be treated confidentially and compiled in summary form only. Please do not sign the questionnaire. Individual respondents will not be identified.

Should you require assistance in completing this questionnaire, please feel free to approach a member of your family or close friend or contact me at 783-7603, ext. 406 (bus.) or 783-4133 (res.).

I appreciate your cooperation and hope that you will find the questionnaire thought-provoking and useful.

A stamped, self-addressed envelope is enclosed for your convenience. Please return the questionnaire by January 14, 1988.

Sincerely,

Hal Bowen
M. Ed. Candidate

COORDINATED HOME CARE PROGRAM

CLIENT SATISFACTION QUESTIONNAIRE

Your participation in completing this questionnaire will assist the Wetoka Health Unit's coordinated Home Care program to ensure that the program is effective in providing quality care.

When completing this questionnaire, think only about care you have received from the Home Care program. This includes care by the nurse or other therapists, as well as support services to help with household tasks.

There are no right or wrong answers. We just want your opinion. Please answer all the questions, by circling the number beside your answer.

Please do not write in this space

1 2 3

1. What is your gender? 4

Female	1
Male	2

2. What was your age at your last birthday? 5

25 years or less	1
26 -35 years	2
36-45 years	3
46-55 years	4
56-65 years	5
Over 65 years	6

3. Which centre is your home closest to? 6

Wetaskiwin	1
Ponoka	2
Rimbey	3
Winfield	4

4. What Home Care Services are you presently receiving? (circle all that apply)

Nursing Service	1	7
Respiratory Services	2	8
Occupational Therapy	3	9
Physiotherapy	4	10
Speech Therapy	5	11
Provision of equipment or supplies (Alberta aids to daily living)	6	12
Personal Care Services	7	13
Homemaker Services (Housecleaning, shopping)	8	14
Handyman Services	9	15
Meals on Wheels	10	16
Volunteer Visitor	11	17
Transportation	12	18
Other (specify)	13	19

5. What Home Care Services are you <u>not</u> presently receiving <u>but received in the past</u>?

Nursing Service	1	20
Respiratory Services	2	21
Occupational Therapy	3	22
Physiotherapy	4	23
Speech Therapy	5	24
Provision of equipment or supplies (Alberta aids to daily living)	6	25
Personal Care Services	7	26
Homemaker Services (Housecleaning, shopping)	8	27
Handyman Services	9	28
Meals on Wheels	10	29
Volunteer Visitor	11	30
Transportation	12	31
Other (specify)	13	32

6. For how long have you received Home Care Services? (Include past services as well as those currently being received) 33

Less than one year	1
1 to 2 years	2
2 to 3 years	3
3 years or more	4

7. How did you first hear of Home Care Services? 34

At the hospital	1
From my doctor	2
From the Home Care Nurse	3
From a family member	4
From friends	5
From a newspaper or pamphlet	6
By other means (specify)	7

8. After you were first referred to Home Care, how long did it take for someone to begin services? 35

Less than one week	1
Between one and two weeks	2
Between two weeks and one month	3
More than one month	4

9. If you were in hospital when referred to Home Care, was your release dependent upon the availability of Home Care Services? 36

Yes	1
No	2
Uncertain or not applicable	3

10. Who are presently involved in assisting you in your home other than Home Care staff. 37

One person that lives with me	1
More than one person that live with me	2
Friends	3
Others (specify)	4

11. Is coping at home with health care and housework becoming easier or harder for you? 38

Easier	1
Harder	2
Much the same as usual	3

12. Which of the following services do you think you might need in the future?

Nursing Service	1	39
Respiratory Services	2	40
Occupational Therapy	3	41
Physiotherapy	4	42
Speech Therapy	5	43
Provision of equipment or supplies (Alberta Aids to Daily Living)	6	44

Personal Care Services	7	45
Homemaker Services (Housecleaning, shopping)	8	46
Handyman Services	9	47
Meals on Wheels	10	48
Volunteer Visitor	11	49
Transportation	12	50
Other (specify)	13	51

Here are some comments with which you may agree or disagree, based on your past or present experiences with the Home Care program.

Please read each statement and circle the number which shows whether you strongly agree (SA) with the statement, agree (A) with it, are uncertain (U), disagree (D), or strongly disagree (SD).

	SA	A	U	D	SD	
13. I have a great deal of confidence in the Home Care staff who treat me.	1	2	3	4	5	52
14. The Home Care staff really care about me and my feelings.	1	2	3	4	5	53
15. The Home Care staff treat me with respect.	1	2	3	4	5	54
16. The Home Care staff let me tell them everything I think is important.	1	2	3	4	5	55
17. The Home Care staff spend the right amount of time with me.	1	2	3	4	5	56
18. The Home Care staff discuss my condition with my family whenever necessary.	1	2	3	4	5	57
19. I feel comfortable asking the Home Care staff questions.	1	2	3	4	5	58
20. The Home care staff teach me how to take care of myself.	1	2	3	4	5	59
21. The Home Care staff explain things in words I can understand.	1	2	3	4	5	60
22. If I have a question about my health care, I can reach the Home Care staff easily.	1	2	3	4	5	61
23. Whenever a new Home Care staff member sees me, she (or he) seems to know my problems and needs.	1	2	3	4	5	62
24. The Home Care staff involved me in decisions about my Home Care program.	1	2	3	4	5	63
25. Learning to manage at home has made me feel better about myself.	1	2	3	4	5	64

26.	Home Care has been important in helping me to maintain my family relationships and friendships.	1	2	3	4	5	65
27.	Home Care has made it easier for me to care for myself.	1	2	3	4	5	66
28.	Home Care has had a good impact on my life in general.	1	2	3	4	5	67

29. The following questions ask you to rate your satisfaction with the various Home Care services. 2 1 2 3

Rate only those services which you have received.

	Not Satisfied at all				Extremely satisfied	
Nursing Services	1	2	3	4	5	4
Respiratory Services	1	2	3	4	5	5
Occupational Therapy Services	1	2	3	4	5	6
Physiotherapy Services	1	2	3	4	5	7
Speech Therapy	1	2	3	4	5	8
Provision of equipment or supplies (Alberta aids to daily living)	1	2	3	4	5	9
Personal Care Services	1	2	3	4	5	10
Homemaker Services (Housecleaning, shopping)	1	2	3	4	5	11
Handyman Services	1	2	3	4	5	12
Meals on Wheels	1	2	3	4	5	13
Volunteer Visitor	1	2	3	4	5	14
Transportation	1	2	3	4	5	15
Other (specify)	1	2	3	4	5	16

30. Is the length of stay in the Home Care program satisfactory? 17

Yes 1
No 2
Uncertain 3

31. Would you be able to remain at home without Home Care services? 18

Yes 1
No 2
Uncertain 3

32. Since receiving Home Care services, has your contact with your doctor changed? 19

More frequent contact	1
Less frequent contact	2
No change in contact	3

33. Does your doctor know what Home Care is doing for you? 20

Yes	1
No	2
Not sure	3

34. All things considered what is the best feature of the Home Care Services you have received? 21

35. Have you had any bad experiences with Home Care? If so please explain. 22

36. What are your suggestions for improving Home Care services? 23

THANK YOU

Appendix B

Wetoka Health Unit's Coordinated Home Care Program

Staff Questionnaire Items and Covering Letter

Wetoka Health Unit's Coordinated Home Care Program

Staff Questionnaire

Dear Home Care Practitioner,

I would like to take this opportunity to introduce myself and the purpose of this letter.

I am a Masters Student in the Adult and Higher Education Program at the University of Alberta and also a Health Care Instructor at the Alberta Hospital Ponoka, School of Nursing. With the support of the Health Unit, I have chosen to do an evaluation of the Wetoka Health Unit's Coordinated Home Care Program to complete my Master's degree requirements. Two surveys are being conducted; one with Home Care Clients and the other with Home Care Staff.

Your participation in the Staff survey will assist the Health Unit in assessing the strengths of the program and identifying areas that might require improvement. Your responses are anonymous and will be treated confidentially and compiled in summary form only. Please do not sign the questionnaire. Individual respondents will not be identified.

Should you require assistance in completing this questionnaire, please feel free to contact me at 783-7603, ext. 406 (bus.) or 783-4133 (res.).

I appreciate your cooperation and hope that you will find the questionnaire thought-provoking and useful.

A stamped, self-addressed envelope is enclosed for your convenience. Please return the questionnaire by January 28, 1988.

Sincerely,

Hal Bowen
Health Care Instructor

WETOKA HEALTH UNIT'S

COORDINATED HOME CARE PROGRAM

STAFF QUESTIONNAIRE

Directions: Your participation in this survey will assist the Wetoka Health Unit's Coordinated Home Care Program (and its subsystems in Ponoka, Rimbey and Winfield) to ensure that the program is effective in providing quality care. Your responses will be treated confidentially and compiled in summary form only.

SECTION 1: GENERAL INFORMATION

Circle the number to the right of the most appropriate response below (items 1-8).

Please do not write in this space

_ _ 1
1 2 3

1. Your gender is: 4

Female	1
Male	2

2. What was your age at your last birthday? 5

25 years or less	1
26-35 years	2
36-45 years	3
46-55 years	4
56-65 years	5
Over 65 years	6

3. At which centre are you employed? 6

Wetaskiwin	1
Ponoka	2
Rimbey	3
Winfield	4

4. Area in which you are employed (Please choose main area): 7, 8

Nursing Service	1
Respiratory Service	2
Occupational Therapy	3
Physiotherapy	4
Speech Therapy	5
Aids to Daily Living	6
Volunteer Service	7
Homemaker Services	8
Personal Care Services	9
Meals on Wheels	10
Handyman Services	11
Transportation Service	12
Administration/Office	13
Other (specify)	14

5. Present employment status with Wetoka Health Unit's Coordinated Home Care Program: 9

Full-time	1
Part-time	2
Temporary	3
Volunteer	4

6. Your highest level of schooling is: 10

Less than completion of High School	1
Completed High School	2
Some Technical, Vocational, College or University Education	3
Completed Technical, Vocational or College Certificate/Diploma Program	4
University Degree(s)	5

7. How many years have you been employed by Wetoka Health Unit's Coordinated Home Care Program? 11

Less than one year	1
1 to 2 years	2
Over 2 years but less than 5 years	3
5 years and over	4

8. How many years of work experience have you had before being employed by Wetoka Health Unit's Coordinated Home Care Program? 12

Less than one year	1
1 to 2 years	2
Over 2 years but less than 5 years	3
5 years and over	4

SECTION 2: PROGRAM INFORMATION

2
1 2 3

A. In your opinion, how much emphasis is placed on each of the following goals in the Wetoka Health Unit's Coordinated Home Care Program?

B. Also in your opinion, how much emphasis should be placed on each of the following goals?

In responding to each item 1-13, please use the key provided below.

RESPONSE KEY

1 - None
2 - A Little
3 - Moderate
4 - Great
5 - Very Great

1. Helping the client who is handicapped or suffering from long term illness to live and cope at home with his disability

is ____ 13
should be ____ 14

Comments:

_____

_____

2. Helping the client who is terminally ill to live at home in comfort and dignity as long as possible.

is ____ 15
should be ____ 16

Comments:

_____

_____

3. Helping the client who is handicapped or suffering from long term illness to develop a more independent life.

is ____ 17
should be ____ 18

Comments:

_____

_____

4. Helping in the development of residential services for the chronically ill or handicapped individual.

is _____ 19
should be _____ 20

Comments:

_____

_____

5. Working with other community agencies for the benefit of the chronically ill or handicapped individual.

is _____ 21
should be _____ 22

Comments:

_____

_____

6. Providing temporary crisis and family relief services.

is _____ 23
should be _____ 24

Comments:

_____

_____

7. Promoting community awareness and understanding of Wetoka Health Unit's Coordinated Home Care Program.

is _____ 25
should be _____ 26

Comments:

_____

_____

8. Including significant others while planning an individual client's care.

is _____ 27
should be _____ 28

Comments:

_____

_____

9. Ensuring effective evaluation of the program.

Comments:

is ____ 29
should be ____ 30

10. Providing opportunities for staff to participate in Continuing Education Programs.

Comments:

is ____ 31
should be ____ 32

11. Providing opportunities for staff to pursue career goals.

Comments:

is ____ 33
should be ____ 34

12. Providing a working atmosphere that supports staff members in the performance of their duties.

Comments:

is ____ 35
should be ____ 36

13. Evaluating the performance of staff members

Comments:

is ____ 37
should be ____ 38

Please respond to number 14 by selecting the appropriate number from the key below.

RESPONSE KEY

1 - Not at all satisfied
2 - Slightly satisfied
3 - Moderately satisfied
4 - Highly satisfied
5 - Very highly satisfied

14. To what degree are you satisfied with the program that Wetoka Health Unit's Coordinated Home Care Program is offering? 39 ____

SECTION 3: ADDITIONAL COMMENTS

$\frac{-}{1}\frac{-}{2}\frac{3}{3}$

15. What do you consider to be the best features of the Wetoka Health Unit's Coordinated Home Care Program?

_____

_____

_____

16. What do you consider to be the most serious weaknesses of this program?

_____

_____

_____

17. What are your suggestions for improving Wetoka Health Unit's Coordinated Home Care Program?

_____

_____

_____

THANK YOU FOR YOUR ASSISTANCE

Appendix C

Wetoka Health Unit's Coordinated Home Care Program

Support Services Staff Questionnaire

and Covering Letter

Wetoka Health Unit's Coordinated Home Care Program

Support Services Questionnaire

Dear Support Services Practitioner,

I would like to take this opportunity to introduce myself and the purpose of this letter.

I am a Masters Student in the Adult and Higher Education Program at the University of Alberta and also a Health Care Instructor at the Alberta Hospital Ponoka, School of Nursing. With the support of the Health Unit, I have chosen to do an evaluation of the Wetoka Health Unit's Coordinated Home Care Program to complete my Master's degree requirements. Three surveys are being conducted; one with Home Care Clients, one with Home Care Staff, and the other with the Agency for Support Services.

Your participation in the Agency's survey will assist the Health Unit in assessing the strengths of the program and identifying areas that might require improvement. Your responses are anonymous and will be treated confidentially and compiled in summary form only. Please do not sign the questionnaire. Individual respondents will not be identified.

Should you require assistance in completing this questionnaire, please feel free to contact me at 783-7603, ext. 406 (bus.) or 783-4133 (res.).

I appreciate your cooperation and hope that you will find the questionnaire thought-provoking and useful.

A stamped, self-addressed envelope is enclosed for your convenience. Please return the questionnaire by March 18, 1988.

Sincerely,

Hal Bowen
Health Care Instructor

WETOKA HEALTH UNIT'S
COORDINATED HOME CARE PROGRAM
SUPPORT SERVICES QUESTIONNAIRE

Directions: Your participation in this survey will assist the Wetoka Health Unit's Coordinated Home Care Program (and its subsystems in Ponoka andRimbey) to ensure that the program is effective in providing quality care. Your responses will be treated confidentially and compiled in summary form only.

SECTION 1: GENERAL INFORMATION

Circle the number to the right of the most appropriate response below (items 1-8).

Please do not write in this space 1 _ _ _ 1 2 3 4

1. Your gender is: 5

Female	1
Male	2

2. What was your age at your last birthday? 6

25 years or less	1
26-35 years	2
36-45 years	3
46-55 years	4
56-65 years	5
Over 65 years	6

3. At which centre are you employed? 7

Wetaskiwin	1
Ponoka	2
Rimbey	3

4. Area in which you are employed (Please choose main area): 8,9

Nursing Service	1
Respiratory Service	2
Occupational Therapy	3
Physiotherapy	4
Speech Therapy	5
Aids to Daily Living	6
Volunteer Service	7
Homemaker Services (Home Help)	8
Personal Care Services	9
Meals on Wheels	10
Handyman Services	11
Transportation Service	12
Administration/Office	13
Other (specify)	14

5. Present employment status with your Support Service Agency: 10

Full-time	1
Part-time	2
Temporary	3
Volunteer	4

6. Your highest level of schooling is: 11

Less than completion of High School	1
Completed High School	2
Some Technical, Vocational, College or University Education	3
Completed Technical, Vocational or College Certificate/Diploma Program	4
University Degree(s)	5

7. How many years have you been employed by your Support Service Agency? 12

Less than one year	1
1 to 2 years	2
Over 2 years but less than 5 years	3
5 years and over	4

8. How many years of work experience have you had before being employed by your Support Service Agency? 13

Less than one year	1
1 to 2 years	2
Over 2 years but less than 5 years	3
5 years and over	4

SECTION 2: PROGRAM INFORMATION

A. In your opinion, how much emphasis is placed on each of the following goals in the Wetoka Health Unit's Coordinated Home Care Program?

B. Also in your opinion, how much emphasis should be placed on each of the following goals?

In responding to each item 1-10, please use the key provided below.

RESPONSE KEY

1 - None
2 - A Little
3 - Moderate
4 - Great
5 - Very Great

1. Helping the client who is handicapped or suffering from long term illness to live and cope at home with his disability

is ____ 14
should be ____ 15

Comments:

2. Helping the client who is terminally ill to live at home in comfort and dignity as long as possible.

is ____ 16
should be ____ 17

Comments:

3. Helping the client who is handicapped or suffering from long term illness to develop a more independent life.

is ____ 18
should be ____ 19

Comments:

4. Helping the client who is suffering from short term illness to return to maximum functioning level, by providing short term treatment.

is _____ 20
should be _____ 21

Comments:

_____

_____

5. Helping in the development of Support Services in the home for those who are chronically ill or handicapped.

is _____ 22
should be _____ 23

Comments:

_____

_____

6. Working with other community Agencies for the benefit of the chronically ill or handicapped individual.

is _____ 24
should be _____ 25

Comments:

_____

_____

7. Providing temporary crisis and family relief services.

is _____ 26
should be _____ 27

Comments:

_____

_____

8. Promoting community awareness and understanding of Wetoka Health Unit's Coordinated Home Care Program.

is _____ 28
should be _____ 29

Comments:

_____

_____

9. Including significant others while planning an individual client's care.

Comments:

is ____ 30
should be ____ 31

10. Ensuring effective evaluation of the program.

Comments:

is ____ 32
should be ____ 33

SECTION 3: SATISFACTION WITH ASPECTS OF PROGRAM

Please respond to number 11-15 by selecting the appropriate number from the key below.

__1__
1 2 3 4

RESPONSE KEY

1 - Not at all satisfied
2 - Slightly satisfied
3 - Moderately satisfied
4 - Highly satisfied
5 - Very highly satisfied

11. How satisfied are you with the working relationships between your Agency and the Wetoka Health Unit's Coordinated Home Care Program? 34

____

Please explain your answer:

12. How satisfied are you with the coordination of services between your Agency and Wetoka Health Unit's Coordinated Home Care program? 35

____

Please explain your answer:

_____

_____

_____

13. How satisfied are you with the way in which authorization for Support Services is given to your Agency by the Wetoka Health Unit's Coordinated Home Care program? 36

____

Please explain your answer:

_____

_____

_____

14. How satisfied are you with the supervision given by the Wetoka Health Unit's Coordinated Home Care program of those services provided by your Agency? 37

____

Please explain your answer:

_____

_____

_____

15. To what degree are you satisfied with the program that the Wetoka Health Unit's Coordinated Home Care Program is offering? 38

____

Please explain your answer:

_____

_____

_____

SECTION 4: ADDITIONAL COMMENTS

1 2 3 4

16. What do you consider to be the best features of the Wetoka Health Unit's Coordinated Home Care Program?

17. What do you consider to be the most serious weaknesses of this program?

18. What are your suggestions for improving Wetoka Health Unit's Coordinated Home Care Program?

19. What are your suggestions for improving the services provided by your Agency to the Wetoka Health Unit's Coordinated Home Care Program?

THANK YOU FOR YOUR ASSISTANCE

Appendix D

Definition of Terms for Stake's Model of Evaluation

Definition of Terms for Stake's Model of Evaluation

Rationale - philosophy and basic purposes.

Evaluation - consists of both description and judgement.

Antecedents - any condition existing prior to the agency process which may relate to outcomes.

Transactions - the encounters, interviews, and screening procedures which comprise the agency process.

Outcomes - evident, immediate, and implied long-term effects of the Wetoka Health Unit's Coordinated Home Care Program.

Standards - special criteria on which the program should be evaluated before it advances to another stage. (These include absolute and relative standards; see definition below.)

Judgements - the judging art itself is deciding which set of standards to heed. It is assigning a weight, an importance to each set of standards. Rational judgement in educational evaluation is a decision as to how much to pay attention to the standards of each reference group; in deciding relative judgement of a program (compared to other similar programs) as well as from absolute judgement (compared to ideals or individual programs), we can obtain an overall or composite rating of merit, a rating to be used in making a decision.

Intents - goals, planned-for environmental conditions. The resulting collection of intents is a priority listing of all that may happen.

Observation - client outcomes including use of inventory schedules, biographical data sheets, interview routines, check lists, opinionnaires, and all kinds of psychometric tests.

Contingency - relationship among variables. Is there a logical relationship between antecedents, transactions, and outcomes?

Congruence - the relationship between intents and observations, i.e., what was intended did occur. It does not necessarily mean that the outcomes were reliable or valid.

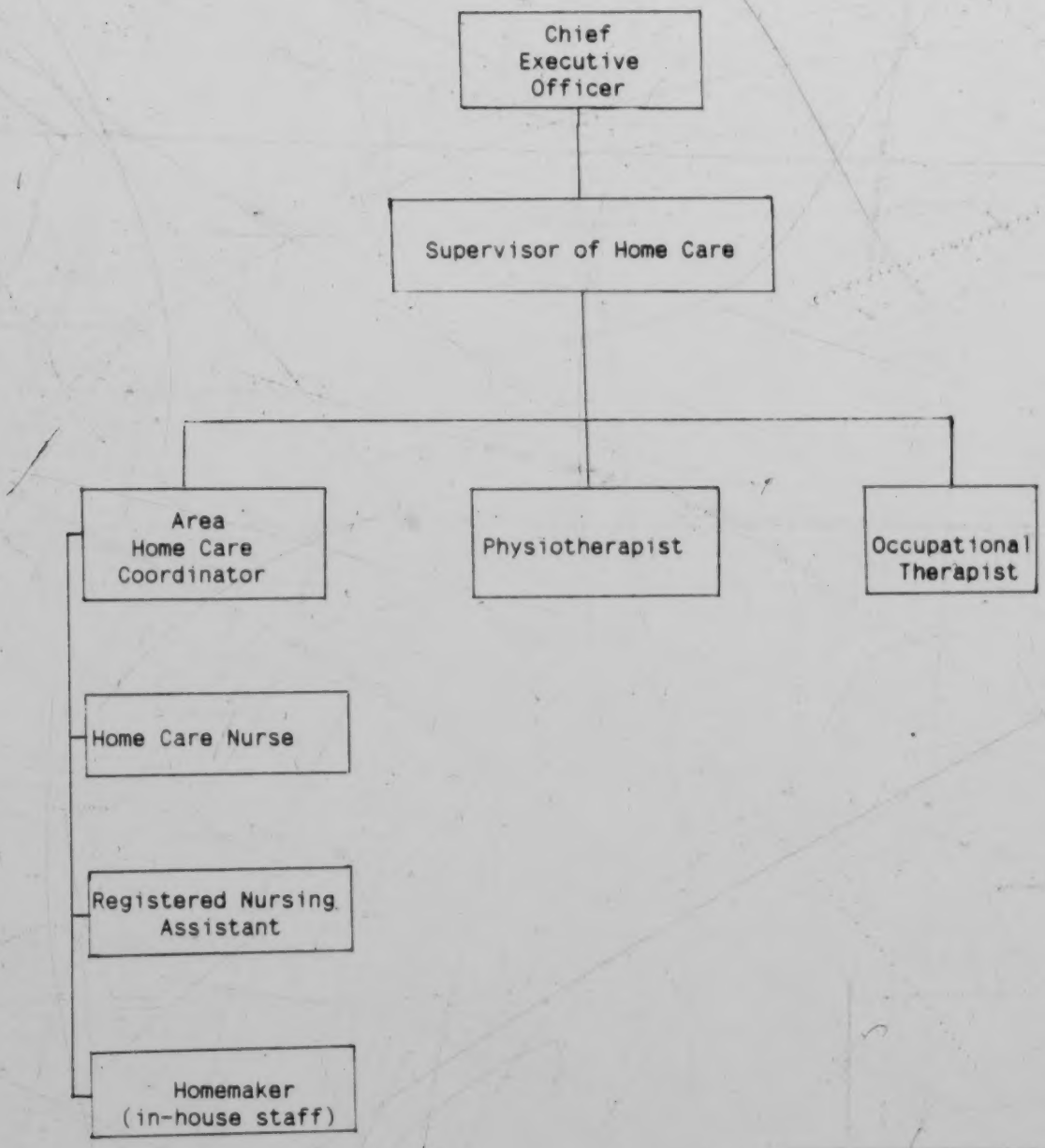
Reference - Stake, R. E. (1967). The countenance of educational evaluation. Teachers' College Record, 68(7), 523-540.

Appendix E

Wetoka Health Unit's Coordinated Home Care Program

Organizational Chart

Wetoka Health Unit's Coordinated Home Care Program



Appendix F

Correspondence

WETOKA HEALTH UNIT

5610 - 40 Ave., Wetaskiwin, AB T9A 3E4

HEAD OFFICE:
Wetaskiwin, Alberta
SUB-OFFICES:
Ponoka, Alberta
Rimbey, Alberta
Winfield, Alberta

May 5, 1987

Hal Bowen
M.ed (candidate)
6206 - 51 Ave.,
Box 683
PONOKA, AB
T0C 2H0

Dear Hal:

It is my pleasure to inform you that Wetoka Health Unit's Chief Executive Officer, Gladys Procyshen, has indicated to me that our board of directors approves and supports your request to use the Home Care program for your research proposal.

We will await further communication of requirements and details from you and your advisor, faculty and ethics committee.

We are excited about being part of this project.

Sincerely,

(Mrs) A.J. Finseth
Supervisor of Home Care

AJF:art

cc. Gladys Procyshen, CEO

Box 683
Ponoka, AB
Canada
T0C 2H0
Oct. 7, 1988

Longman Inc.
95 Church Street
Whiteplain, N.Y.
10601
U.S.A.

Dear Sir/Madam:

I am a Master's Student in the Department of Adult and Higher Education at the University of Alberta, Edmonton, Alberta Canada. I have conducted an evaluative study in a Health Service Program in the province of Alberta, and have chosen to use the Stake Model (The Countenance Model) of Educational Evaluation (1967) as a framework for my study. I would like to include the Model which appears on page 131 of the following Text in my Thesis:

Educational Evaluation:		Alternative Approaches and Guidelines
Authors	:	Worthen Blain R. and Sanders James R.
Publisher	:	Longman Inc, Whiteplain, N.Y. 10601
ISBN #	:	0-582-28551-8

I assure you that this permission is being sought for use only in my Thesis which I do not plan on publishing. Thank you.

Sincerely,

Hal Bowen
M. Ed. Student

We would be pleased to have you use the above material as requested. We ask that you give appropriate acknowledgment to the source, including title, authors and Longman as publisher. Thank you for writing and good luck with your thesis.

Laura McCormick

Laura McCormick
Manager, Rights & Permission

Appendix G

Staff Perceptions of Degree of Emphasis Placed on Client-Related Program Goals

Table 20

Staff Perceptions of Degree of Emphasis Placed on Client-Related Program Goals

Program Goals	Home Care Staff (%) (n=35) None 1	A Little 2	Moderate 3	Great 4	Very Great 5	NR	$\bar{x}$	Rank	Support Services Staff (%) (n=21) None 1	A Little 2	Moderate 3	Great 4	Very Great 5	NR	$\bar{x}$	Rank
1. Helping the client who is handicapped or suffering from long-term illness to live and cope at home with his disability.																
is	0	3	14	34	49	0	4.3	2	0	0	19	48	33	0	4.1	4.5*
should be	0	0	3	37	57	3	4.8	2.5*	0	0	5	38	33	24	4.4	8.5*
2. Helping the client who is terminally ill to live at home in comfort and dignity as long as possible.																
is	0	0	11	37	51	0	4.4	1	0	0	19	38	38	5	4.2	2.5*
should be	0	0	0	28	74	3	4.8	1	0	0	0	33	33	33	4.5	3.5*
3. Helping the client who is handicapped or suffering from a long-term illness to develop a more independent life.																
is	0	8	26	31	37	0	4.0	4	0	10	19	38	33	0	4.0	6
should be	0	0	0	40	54	4	4.8	2.5*	0	0	0	43	29	29	4.4	8.5*
4. Working with other community agencies for the benefit of the chronically ill or handicapped individual.																
is	0	9	26	31	29	6	3.9	5	0	10	29	29	33	0	3.9	8.5*
should be	0	3	6	46	40	6	4.3	5.5*	0	0	0	33	33	33	4.5	3.5*

(table continues)

Table 20 (continued)

Program Goals	Home Care Staff (%) (n=35) None 1	A Little 2	Moderate 3	Great 4	Very Great 5	NR	$\bar{x}$	Rank	Support Services Staff (%) (n=21) None 1	A Little 2	Moderate 3	Great 4	Very Great 5	NR	$\bar{x}$	Rank
5. Providing temporary crisis and family relief services.																
is	6	23	49	14	6	3	2.9	8.5*	0	0	14	57	29	0	4.1	4.5*
should be	3	11	20	43	20	3	3.7	8	0	0	0	38	29	33	4.4	8.5*
6. Promoting community awareness and understanding of Wetoka Health Unit's Coordinated Home Care Program.																
is	0	14	37	37	9	3	3.4	7	0	10	19	48	24	0	3.9	8.5*
should be	0	0	11	43	40	6	4.3	5.5*	0	0	5	29	33	0	4.4	8.5*
7. Including significant others while planning an individual client's care.																
is	0	3	17	43	37	0	4.1	3	0	0	33	43	24	0	3.9	8.5*
should be	0	0	6	34	54	6	4.5	4	0	0	5	24	33	38	4.5	3.5*
8. Ensuring effective evaluation of the program.																
is	0	9	20	49	17	6	3.8	6	0	0	29	38	19	14	3.9	8.5*
should be	0	0	9	60	23	9	4.2	7	0	0	0	10	52	38	4.9	1
9. Helping in the development of residential services for the chronically ill or handicapped individual.																
is	6	26	31	23	6	9	2.9	8.5*								
should be	3	6	31	34	14	11	3.6	9								

(table continues)

* 89. Support Services staff were not asked to answer this question.

Table 20 (continued)

Program Goals	Home Care Staff (%) (n=35) None 1	A Little 2	Moderate 3	Great 4	Very Great 5	NR	$\bar{x}$	Rank	Support Services Staff (%) (n=21) None 1	A Little 2	Moderate 3	Great 4	Very Great 5	NR	$\bar{x}$	Rank
10. Helping the client who is suffering from short-term illness to return to maximum functioning level, by providing short-term treatment.																
is									0	0	14	38	43	5	4.3	1
should be									0	0	5	24	38	33	4.5	3.5*
11. Helping in the development of Support Services in the home for those who are chronically ill or handicapped.																
is									0	0	14	48	33	5	4.2	2.5*
should be									0	0	0	24	43	33	4.6	2

* #10. Home Care staff were not asked to complete these two items.
* #11. Home Care staff were not asked to complete these two items.